

Case Number:	CM13-0049132		
Date Assigned:	04/07/2014	Date of Injury:	04/09/2012
Decision Date:	05/23/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 9, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, unspecified amounts of chiropractic therapy, manipulative therapy, acupuncture, and physical therapy, epidural steroid injection therapy and extensive periods of time off of work. In a utilization review report of October 31, 2013, the claims administrator denied a request for a cervical-thoracic-lumbar sacral orthosis. The brace was reportedly provided in 2012 and was retrospectively denied. The applicant's attorney subsequently appealed. In a June 18, 2012 progress note, the applicant was described as off of work, on total temporary disability. Acupuncture was not helping. 7/10 pain was noted. The applicant is given diagnosis of cervical radiculitis, thoracic spine pain, and shoulder impingement syndrome. Consultation with a pain management specialist, extracorporeal shock wave therapy, a TENS unit, and a cervical-thoracic-lumbar sacral orthosis brace for comfort purposes was provided while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CTLSSO (CERVICAL - THORACO - LUMBO - SACRAL - ORTHOSIS) FLEXIBLE PREFABRICATED .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 175, 301.

Decision rationale: The device in question was apparently provided in June 2012, two months removed from the date of injury. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 175, cervical collars have not been shown to have any lasting benefit except for comfort in the first few days of the clinical course in severe cases. Prolonged usage of these devices will result in debility and weakness, ACOEM goes on to note. Similarly, the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, note that lumbar supports have not been shown to have any lasting benefit outside of the acute phase of symptom relief. The applicant was already outside of the acute phase of symptom relief as of the date of the request, in June 2012. At that point, the applicant was already a few months removed from the date of injury and could be more appropriately considered to be in the subacute phase of the injury. Thus, the proposed brace is retrospectively not medically necessary on the grounds that ACOEM does not support provision of these devices outside of the acute phase of symptom relief.