

Case Number:	CM13-0070471		
Date Assigned:	01/03/2014	Date of Injury:	06/17/2009
Decision Date:	04/10/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient is a 55 year old female who was injured on 06/17/2009 she experienced a sudden sharp pain in the right wrist. On 11/09/2009 she stepped on a wet floor falling and hitting a wall with her low back. Prior treatment history has included medications: Vicodin, Naproxen, Dendracin lotion, alprezolan, Celexa, bupropion, Prilosec and Zolpidem. The patient underwent a right carpal tunnel release on 08/05/2010 with postoperative physical therapy. On 12/10/2010 she underwent a left carpal tunnel release. Physical therapy was given for the right wrist. The patient received 22 acupuncture sessions for her left shoulder and cervical spine as well as a cortisone injection. She received 12 biofeedback therapy sessions. The patient underwent a cervical spine epidural on 05/03/2013. Diagnostic studies reviewed include MRI of the left shoulder dated 03/05/2013 revealing partial thickness tear of the anterior fibers of the distal supraspinatus tendon. Glenohumeral joint effusion and fluid within the subacromial /subdeltoid and subcoracoid space, subchondral cysts within the humeral head and no other significant findings noted. MRI of the lumbar spine w/flex-ext with and without contrast dated 03/13/2013 revealed the following: 1) No abnormal signal is identified on the post contrast sequences. 2) Disc desiccation at T12-L1 down to L5-S1 with associated loss of disc height at L2-L3 and L5-S1. 3) Modic type II changes involving the inferior end plates of L2 and L5 and superior end plates of L3 and S1. 4) Restricted range of motion in flexion and extension positions which may reflect an element of myospasm. 5) L3-L4 Final Determination Letter for IMR Case Number CM13-0070471 3 bilateral facet degenerative changes which causes bilateral neural foraminal narrowing, left greater than the right, as well as spinal canal narrowing. 6) L5-S1 bilateral neural foraminal narrowing. 7) Hemangioma involving the L4 vertebral body. 8) Schmorl's node involving inferior end plate of L3. MRI of cervical spine with flex/ext dated 03/13/2013 revealed the following: 1) Disc desiccation at C2-C3 down to C7-T1 with associated loss of disc height at

C5-C6. 2) Straightening of the cervical lordosis with decreased range of motion in flexion and extension which may reflect an element of myospasm. 3) C2-C3 disc bulge measuring 1.0 mm in neutral position, 1.0 mm in flexion, and 1.0 mm in extension which causes bilateral neural foraminal narrowing and spinal canal narrowing. 4) C3-C4 disc bulge measuring 1.0 mm in neutral position, 1.0 mm in flexion, and 2.0 mm in extension which causes bilateral neural foraminal narrowing and spinal canal narrowing. 5) C4-C5 disc bulge measuring 1.0 mm in neutral position, 1.0 mm in flexion, and 2.0 mm in extension which causes bilateral neural foraminal narrowing and spinal canal narrowing. 6) C5-C6 disc bulge measuring 1.0 mm in neutral position, 2.0 mm in flexion, and 2.0 mm in extension which causes bilateral neural foraminal narrowing and spinal canal narrowing. 7) C6-C7 disc bulge measuring 1.0 mm in neutral position, 2.0 mm in flexion, and 2.0 mm in extension which causes bilateral neural foraminal narrowing and spinal canal narrowing. 8) C7-T1 disc bulge measuring 1.0 mm in neutral position, 2.0 mm in flexion, and 2.0 mm in extension which causes bilateral neural foraminal narrowing and spinal canal narrowing. 9) Hemangioma at T1 vertebral body. 10) Bilateral maxillary sinus disease. A multiposition MRI of the right shoulder dated 03/13/2013 revealed: 1) Acromion curved, laterally down sloping. 2) Acromioclavicular joint: osteoarthritis. 3) Supraspinatus: Tendinosis. 4) Anchor: tear. 5) Horizontal: Tendinosis. 6) SLAP: Type II. 7) Synovium: Effusion. 8) Fibrovascular change in the humeral head. 9) Subcoracoid bursal fluid. A pain management report dated 05/31/2013 reveals procedure of steroid injection to the cervical spine. Pain management evaluation dated 08/06/2013 documented the patient to have com

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9, 297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports Section

Decision rationale: The Physician Reviewer's decision rationale: According to the evidence based guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is more than 4 years status post her industrial injury date. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to cause weakness and atrophy of the paraspinal musculature. The medical necessity of a lumbar support has not been established.