

Case Number:	CM14-0123779		
Date Assigned:	08/08/2014	Date of Injury:	09/29/2011
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 Internal 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:

This is a case of a 54 year old male with a date of injury of 9/29/2011. The patient was carrying a box weighing about 30 pounds when he tripped over a pallet and put his right hand out to break his fall causing him to hit his right hand on a rack. The patient suffered a right wrist injury. He subsequently returned to work with restrictions and suffered left shoulder, neck and back injuries as well. The patient has had surgery on his left shoulder in 2012, his right wrist in 2012 and his right knee in 2005. On 7/23/2014 he was seen by [REDACTED] and there was a secondary treating physician first report was made of his injuries. During this examination, the patient was complaining of left shoulder, right wrist, and low back pain with a severity of 6-7/10 and pain described as throbbing. Upon a physical exam, it was noted that he had decreased range of motion with pain in the left shoulder, decreased range of motion with pain in the right wrist and decreased range of motion of the lumbar spine with pain as well. He was diagnosed with left shoulder sprain/strain, left wrist sprain/strain, and lumbar spine sprain/strain. He was treated with hydrocodone/APAP, Naproxen and tramadol ER at that time along with some medicated topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: The occupational practice guidelines suggest that the use of back belts and lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Lumbar supports have not shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient suffers from chronic low back pain, but there does not appear to be any indication for an orthopedic back brace. Therefore, based on MTUS guidelines, and review of the evidence in this case, the request for an Orthopedic back brace is not medically necessary.