

Case Number:	CM14-0178295		
Date Assigned:	10/31/2014	Date of Injury:	09/26/1998
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 62-year-old male who reported injury on 09/26/1998. The mechanism of injury was not submitted for this review. The injured worker's treatment history included a TENS unit, Flector patches, oral medications and ice packs. The injured worker was evaluated on 07/29/2014 and it was documented the injured worker continued to complain of pain and stiffness in his neck with radiation to the upper extremities, right shoulder pain and weakness, as well as low back pain. The injured worker indicated he noted significant functional improvement and pain relief with the use of TENS unit and Flector patches. Objective findings of the lumbar spine revealed there was tenderness in the lower lumbar paravertebral musculature. Forward flexion was 45 degrees, extension was 10 degrees and lateral bending was 30 degrees. Cervical spine forward flexion was within 1 fingerbreadth of chin to chest, extension was 10 degrees and lateral rotation was 70 degrees bilaterally. The treatment plan included requesting TENS unit supplies so the injured worker could continue using the TENS unit on a daily basis and additionally the provider was requesting replacement lumbosacral orthosis due to the wear and tear of his lumbosacral orthosis and it was no longer functional. Diagnoses included chronic pain syndrome, irreparable tear right rotator cuff, internal medicine diagnoses, psychological diagnoses and dystonia. The Request for Authorization dated 08/07/2014 was for 3 replacement lumbosacral orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three replacement lumbosacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The requested for three replacement lumbosacral orthoses is not medically necessary. The CA MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation does not outline the injured worker to have documented instability or spondylolisthesis for which bracing would be supported. The request for 3 replacement lumbosacral orthoses is not medically necessary.