

Case Number:	CM14-0036761		
Date Assigned:	06/25/2014	Date of Injury:	06/02/2013
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 has a subspecialty in Sports and is licensed to practice in Texas and New York. 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 50-year-old female who reported an injury on 06/02/2013 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/30/2014, the injured worker complained of severe neck pain, mild right shoulder pain, and moderate to severe mid back pain and low back pain. It was also noted that the injured worker complained of severe wrist pain and stabbing pain in the legs. It was noted that the injured worker was not taking any pain medication due to pain management not dispensing any medication. Prior treatments included physical therapy, pain medications, and orthotics. It was also noted that diagnostic studies had been done. The physical examination of the upper and lower extremities revealed range of motion flexion in the standing position 40/80 degrees, and a positive straight leg raise test sitting on the right +90 and on the left +80 and a positive straight leg raise lying straight revealed +60 to the right and +50 to the left. The diagnoses included right shoulder acromioclavicular joint sprain/strain first degree with posttraumatic arthrosis of the acromioclavicular joint, cervical herniated nucleus pulposus at C5-6 and C6-7 of 3 to 4 mm, thoracic sprain/strain, herniated nucleus pulposus at L5-S1 of 5 mm, L3-4 and L4-5 of 3 mm, right hand and wrist sprain/strain, right carpal tunnel syndrome, right de Quervain's syndrome, left elbow overuse, anxiety, and insomnia. The treatment plan included a request for epidural steroid injections of the cervical spine and the lumbar spine and a prescription for Prilosec 20 mg, Norco 10/325 mg, and gabapentin 300 mg. A request for TLSO back brace for purchase for the injured worker to wear postoperatively for several weeks until the spine was healed was submitted on 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for TLSO brace is not medically necessary. The CA MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In the clinical notes provided for review, there is a lack of documentation to indicate that the injured worker is to have spine surgery. It is indicated that there is a request for epidural steroid injections at the cervical spine and lumbar spine; however, it is not documented if the request has been approved. There is also a lack of documentation of the injured worker's pain level status in regards to the lumbar spine. Furthermore, the guidelines do not recommend lumbar supports beyond the acute phase of symptom relief. Therefore, the request for a TLSO brace is not medically necessary.