

Case Number:	CM14-0042799		
Date Assigned:	06/30/2014	Date of Injury:	04/20/2008
Decision Date:	09/08/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 patient is a 49-year-old male who has submitted a claim for cervical disc degeneration associated with an industrial injury date of 04/20/2008. Medical records from 2013 to 2014 were reviewed and showed that patient complained of debilitating neck pain, which radiates down to both upper extremities. Physical examination reveals pain to palpation of the cervical musculature. Mild muscle rigidity is noted throughout the cervical and trapezius musculature, as well as the medial scapular area. Range of motion is limited in both shoulders bilaterally in flexion and abduction. Supraspinatus test is positive bilaterally in the shoulders. The patient has decreased sensation to pinwheel at C5 and C6 dermatomes on the left compared to the right. There is a significant loss of range of motion with abduction and extension of the left shoulder when compared to the right. There is point tenderness in the subacromial bursa region and crepitus. Examination of the lumbar spine reveals tenderness to palpation with moderate paraspinal muscle guarding. There is decreased range of motion with flexion and his outstretched fingers to the level of the knees and extension. He has pain with both maneuvers. Examination of the right knee also reveals tenderness to palpation to the medial and lateral joint line. There is crepitus noted with gentle range of motion. Treatment to date has included oral analgesics and opioid medications. Utilization review dated 03/17/2014 denied the request for lumbar spine brace because lumbar spine supports are only effective in the acute phase of low back pains. The same review denied the request for Opus car seat because this would not be considered medical equipment. Per the guidelines used, DME must primarily and customarily serve a medical purpose.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO (Lumbosacral Orthotic Back) support brace, QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: The California MTUS does not specifically address chairback brace. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. The ODG states that lumbar support such as lumbar spine brace is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of persistent back pain. The guidelines state that lumbar brace is not recommended for prevention of back pain. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for lumbar spine brace is not medically necessary.

Opus car seat, QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, DME.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, Knee and Leg chapter, a DME is defined as equipment which is primarily and customarily used to serve a medical purpose. In this case, the car seat is not considered a medical device / medical equipment and is therefore not certifiable. The medical necessity is not established. Therefore, the request for Opus Car Sear is not medically necessary.