MAXIMUS Federal Services

Case Number:	CM14-0194197		
Date Assigned:	12/02/2014	Date of Injury:	01/10/2011
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The injured worker (IW) is a 41-year-old woman who sustained an industrial injury on January 10, 2011 while working as a special education teacher. She was injured after being attacked by a 20-year-old student with mental illness. She sustained injury to her shoulders, neck, spine, arms, hip, left elbow, ribs, jaw, head/headaches, and psyche. She is status post left shoulder arthroscopic subacromial decompression in February 2013. Previous treatments have included physical therapy, chiropractic, medications, activity modification, rest and anti-inflammatory medications. Pursuant to the Follow-Up Consultation dated August 11, 2014, the IW complains of cervical pain with upper extremity symptoms rated 6/10. She also complains of low back pain with left greater than right lower extremity pain rated 6/10. The IW had a lumbosacral orthosis (LSO), which improved tolerance to standing, walking, and maintenance of activities of daily living. The IW inquires about getting a new LSO as her current LSO no longer fastens. Objective physical findings revealed tenderness in the cervical and lumbar spine. Neurologically, the IW was grossly intact. Positive straight leg raise on the left causing pain at 35 degrees to distal calf at 40 degrees. The IW has been diagnosed with status post arthroscopic subacromial decompression, February 2013; cervical spondylosis; and thoracic and lumbar myofascial pain. The treating physician is requesting LSO (Back Brace) dispensed on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO (Back Brace): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar Support

Decision rationale: Pursuant to the ACOEM, LSO (back brace) is not medically necessary. The guidelines indicate lumbar supports are not shown to have lasting benefit beyond the acute phase of symptoms. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. In this case, the working diagnoses as of June 9, 2014 were status post left arthroscopic subacromial decompression, cervical spondylosis and thoracic and lumbar myofascial pain. Digital examination showed tenderness over the cervical and lumbar spine, limited range of motion, neurologically unchanged. There was deconditioning of the cervical paraspinal musculature and spasm of lumbar paraspinal musculature and cervical trapezius and cervical paraspinal musculature. A review of the medical record indicated the LSO brace was requested November 25, 2013 and the request was denied. This was a replacement LSO brace because the fasteners did not work on the original one. The injured worker received medications, physical therapy and chiropractic therapy to both the cervical and lumbar spine. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief pursuant to the ACOEM. The brace was prescribed for chronic lumbar musculoligamentous injury. There were no objective findings in the medical record to support the lumbar brace. Consequently, absent the appropriate clinical indication and physical findings, the LSO back brace is not medically necessary.