

<b>Case Number:</b>	CM14-0198725		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on February 18, 2011. She reported right shoulder pain. The injured worker was diagnosed as having status post right wrist surgery in 2011, status post right shoulder surgery in 2012 and sprain of the rotator cuff. Treatment to date has included diagnostic studies, surgical intervention of the right shoulder, and physical therapy of the right shoulder, medications and work restrictions. Currently, the injured worker continues to report right shoulder pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was without complete resolution of the pain. It was noted she last worked on February 23, 2011. Evaluation on July 8, 2014, revealed continued symptoms as noted. She noted abdominal pain with the use of medications and occasional constipation. She noted sleep disruptions secondary to life stressors. It was noted she performed aerobic exercises by riding slowly on a stationary bike. An upper gastrointestinal (GI) series on July 15, 2014, was noted to reveal a reducible hiatal hernia with gastroesophageal reflux and no esophageal obstruction. The RFA included a request for Purchase of a Spinal Q brace and was non-certified on the utilization review (UR) on October 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a Spinal Q brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.