

Case Number:	CM14-0201698		
Date Assigned:	12/12/2014	Date of Injury:	09/16/2014
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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 54 year old male with an injury date on 9/16/14. The patient complains of neck pain, bilateral shoulder pain, bilateral wrist/hand pain, thoracic spine pain, lumbar spine pain, bilateral knee pain, bilateral ankle/foot pain per 11/12/14 report. The 9/23/14 report also states upper back pain rated 9/10 on VAS scale. The patient also had a new injury as he was lifting a heavy door yesterday, with upper/lower back pain per 9/18/14 report. Based on the 11/12/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spondylosis without myelopathy 2. thoracic spondylosis without myelopathy 3. lumbar spondylosis without myelopathy 4. bursitis and tendinitis of the shoulder 5. lateral epicondylitis of the elbows 6. carpal tunnel syndrome (median nerve entrapment at the wrists) 7. tendinitis / bursitis of the hands/wrists 8. chondromalacia patella of the bilateral knees 9. plantar fasciitis 10. anxiety A physical exam on 11/12/14 showed "C-spine range of motion limited, L-spine range of motion is limited by 10 degrees in flexion." The patient's treatment history includes medications, x-rays of lumbar, physical therapy (2 session), work restrictions, MRI lumbar. The treating physician is requesting lumbar support/corset/brace. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 9/17/14 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support/corset/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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Section on Lumbar Supports

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, bilateral wrist/hand pain, thoracic spine pain, lumbar spine pain, bilateral knee pain, bilateral ankle/foot pain. The provider has asked for lumbar support/corset/brace on 11/12/14 "to stabilize the lumbar spine and promote healing." Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per ODG guidelines for a back brace. The provider does not provide an explanation as to why a back brace would be necessary. ODG guidelines do not recommend back braces merely for preventive purposes. The requested low back brace purchase is not medically necessary.