

<b>Case Number:</b>	CM14-0206608		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice 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:

This is a 38 year old female patient who sustained a work related injury on 11/5/12 Patient sustained the injury due to cumulative trauma The current diagnoses include bilateral thoracic outlet syndrome; rotator cuff tendinitis, lateral epicondylitis and wrist tendinitis Per the doctor's note dated 9/24/14, patient has complaints of persistent pain in the wrist and lateralepicondylar region and to a lesser extent, in shoulder and thoracic outlet region Physical examination of the revealed tenderness over the anterior aspect of the shoulder and over the clavicle first rib region, tenderness over the lateral epicondyle and some continued tenderness over the dorsum of the wrist, a negative Tinel's over the carpal canal and cubital tunnel The current medication lists include Relafen. The patient has had an electro-diagnostic report on 01/10/2013 that was normal. Diagnostic reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT and acupuncture visits for this injury. The patient has used wear a wrist and elbow splints for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scapulo Spinal Orthosis:** Upheld

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

**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), Chapter- Neck and Upper Back- Back Brace, Low Back-Lumbar Supports

**Decision rationale:** Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option 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). Under study for post-operative use; see Back brace, post-operative (fusion)." A detailed physical examination of the lumbar spine was not specified in the records provided. Any significant functional deficits of the low back that would require scapulo spinal orthosis was not specified in the records provided. Patient has received an unspecified number of physical therapy visits for this injury. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of a scapulo spinal orthosis is not fully established; therefore, the request is not medically necessary.