

Case Number:	CM14-0066188		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2010
Decision Date:	05/01/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 04/06/2010. The initial complaints or symptoms included injury to the cervical spine, right shoulder and lumbar spine. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications right shoulder surgery (04/21/2011), electrodiagnostic testing of the upper and lower extremities, MRI of the cervical spine, and conservative therapies. Currently, the injured worker complains of ongoing right shoulder pain, continued cervical spine pain with radiating pain down the arm and into the medial scapular region as well as cervicogenic headaches, and pain radiating into the low back with radicular symptoms at the L5-S1 distribution. The diagnoses include cervical discopathy with right upper extremity radiculopathy and associated cervicogenic headaches, lumbar spine myoligamentous injury with right lower extremity radicular symptoms, medication induced gastritis, and right shoulder lateral derangement status post subacromial decompression. The treatment plan consisted of cervical epidural steroid injection, injection to the right shoulder, additional electrodiagnostic testing, continued medications, lumbar spine brace, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: 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 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298, 301.

Decision rationale: Low spine brace is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The documentation does not reveal any extenuating conditions or signs of lumbar instability that would necessitate a lumbar brace. The request for a lumbar spine brace is not medically necessary.