

Case Number:	CM15-0102218		
Date Assigned:	06/04/2015	Date of Injury:	05/20/2005
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
 Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 5/20/2005. He reported repetitive use injury to the low back, neck, bilateral shoulder, bilateral knees and hernias. The injured worker was diagnosed as having right shoulder impingement, right knee internal derangement, lumbar discopathy, and inguinal hernia repair. Treatment to date has included medications, and evaluations. The request is for the purchase of a LSO back brace. On 4/8/2015, he complained of neck, low back, bilateral shoulder, bilateral knees, and hernia pain. He indicated the neck pain to radiate into the right shoulder. The low back pain he rated as 5/10, and had associated muscle spasm, tingling, numbness and radicular pain. The bilateral shoulder pain he rated 3/10, and had associated numbness and tingling into the arm and elbow. The bilateral knee pain he rated 5/10, and had associated swelling, snapping, popping, locking and giving way due to weakness. The hernia pain he rated 3/10. The treatment plan included: x-rays of the knees and low back, magnetic resonance imaging of the knees, and low back, ultrasound of the left inguinal area, lumbar brace, interferential home unit, and follow up. On 5/13/2015, he indicated he had gradually developed low back and bilateral knee pain, along with neck, shoulder, and arm pain. The low back pain is rated 4/10, and is described as constant, mild to moderate. The treatment plan included: urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version) Back Braces/Lumbar supports.

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 - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Purchase of a LSO back brace is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention, under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has low back and bilateral knee pain, along with neck, shoulder, and arm pain. The low back pain is rated 4/10, and is described as constant, mild to moderate. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Purchase of a LSO back brace is not medically necessary.