

<b>Case Number:</b>	CM15-0104941		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/30/2004
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: 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:

This 38 year old man sustained an industrial injury on 4/30/2004. The mechanism of injury is not detailed. Evaluations include undated x-rays of the cervical spine, bilateral shoulders, thoracic spine, lumbosacral spine, and pelvis; thoracic spine x-rays dated 8/17/2007; thoracic and cervical spine MRIs dated 11/9/2010; right hand and shoulder MRIs dated 11/10/2010, electromyography / nerve conduction studies of the bilateral lower extremities dated 1/24/2011; lumbar spine MRIs dated 2/21/2011, 4/10/2011, and 4/27/2013; right shoulder and cervical spine MRIs dated 4/7/2011; chest x-rays dated 4/9/2011; brain MRI dated 4/10/2011; and cervical spine MRI with flexion-extension dated 11/21/2013. Diagnoses include cervical spinal cord tumor, right shoulder rotator cuff tendinitis with partial thickness tears, left hand pain, and lumbar disc protrusion. Treatment has included oral medications, physical therapy, home exercise program, and neck support. Physician notes from the AME dated 3/10/2015 show complaints of increased constant persistent neck pain with intermittent radiation to the bilateral upper extremities and down to the hands with tingling and numbness, increased right shoulder pain, on and off left shoulder pain, and increased low back pain. Recommendations include follow up MRI of the neck and new electromyogram/nerve conduction study of the bilateral lower extremities. Future medical care should include physical therapy and medications for the shoulder and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective - Lumbar Posture Pump, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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.