

Case Number:	CM15-0134956		
Date Assigned:	07/23/2015	Date of Injury:	11/10/2011
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey

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:

The injured worker is a 51 year old male who sustained an industrial injury on 11/10/2011. Mechanism of injury when doing overhead work he felt a pop in his right shoulder with immediate pain and pain in his low back. Diagnoses include status post right shoulder arthroscopic surgery, rule out lumbar spine disc injury, and lumbar spine myofascitis with radiculopathy. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, and medications. On 10/11/2012, an unofficial Magnetic Resonance Imaging of the lumbar spine showed L3-4, L4-5 and L5-S1 disc bulge with nerve root compromise. A physician progress note dated 06/20/2015 documents the injured worker has sharp pain across the buttocks down the left leg and feet with tingling and numbness. He rates his pain as 6-8 out of 10. His right shoulder has slight weakness, with pain level around 2-4 and it is intermittent. He has slight numbness in his fingers. There is an antalgic gait to them with and he uses a cane. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for custom LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO 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), Low Back Chapter.

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 section, Lumbar supports.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be considered as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there was insufficient evidence and explanation to suggest this worker warranted a custom back brace above and beyond the Guidelines recommendations to avoid use of such braces for chronic back pain in order to prevent dependence on such. Without this explanation of uniqueness in this situation, the request for a custom lumbar brace is not medically necessary at this time.