

Case Number:	CM15-0146008		
Date Assigned:	08/06/2015	Date of Injury:	08/26/1997
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

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

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 60 year old female who sustained an industrial injury on 8-26-97. Her initial complaints were of "generalized soreness", according to the Orthopedic report dated 3-15-05. The report indicates that the injury was sustained as a result of a fall. She was evaluated by a medical provider. Testing and ongoing care was rendered and she had a surgical procedure to the left shoulder in March 1998. Ongoing symptoms indicated another surgical procedure to the left shoulder in February 2000. She sustained another injury, due to tripping and falling, in September 2000. She sustained injuries to her cervical spine, back, and lower extremities at that time. She was noted to have been evaluated by numerous doctors, complaining of ongoing symptoms. "Various" diagnostic tests were completed and she was, eventually underwent psychiatric and psychological evaluations. She was diagnosed with depression. She went through vocational rehabilitation. She was referred to a pain management clinic following her diagnosis of depression. He was diagnosed with Hepatitis C in 2003, which "curtailed" her medications. She was offered a "stimulator", but refused it. She received acupuncture and reported "some benefit". The orthopedic report also indicates that the injured worker sustained a fall in 2001, resulting in a broken wrist. Another fall was noted in 2003, which resulted in "hurting her rib cage". The latter was noted to have "occurred outside of the line of duty". According to the Orthopedic report of March 2005, her diagnoses included impingement of the shoulders - postoperative decompression, cervicgia with radiation, lumbalgia, multiple contusions, and significant psychological and psychiatric factors. In February 2008, she continued to complain of left shoulder and neck pain. She was diagnosed with left rotator cuff

tear repair - headaches, left lateral epicondylitis, and cervical sprain - myofascial pain. She was started on Lidoderm patches and Ultracet. In September 2008, she was noted to be using a TENS unit. In addition to the above diagnoses, she was diagnosed with chronic mechanical low back pain with mild left lower extremity radiculitis. Therapy was initiated in August 2009. In September 2009, she was noted to have undergone right shoulder rotator cuff repair x 2 and diagnosed with degenerative arthritic changes in the right AC joint with small tear of the supraspinatus tendon and the subscapularis tendons. She was treated with Voltaren gel and Ultram ER. In April 2014, she was diagnosed with lumbar and cervical spine degenerative joint and disc disease. Her treatment included Ultracet and Lidoderm patches. These were noted to be ineffective and she was switched to Tramadol in July 2014. In September 2014, an epidural injection was recommended, but denied by insurance carriers. In October 2014, an MRI of the lumbar spine was recommended. Physical therapy was requested in April, May, and June 2015. No further records are available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace (lumbar spine): 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): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The claimant has a remote history of a work-related injury in August 1997 and is being treated for low back pain. When seen, she was having frequent flare-ups. There was decreased lumbar with tenderness and spasms. Straight leg raising was positive. There was decreased right sensation with decreased ankle reflex. A back brace was requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. A more appropriate treatment would be a brief (up to 6) trial of exercise based physical therapy with emphasis on a self-directed home exercise program. The requested lumbar back brace was not medically necessary.