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| Case Number: | CM15-0149564 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 10/16/2013 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/02/2015 |
| Priority: | Standard | Application Received: | 08/03/2015 |

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 31 year old female who sustained an industrial injury on 10-16-2013. Mechanism of injury was a trip and fall while working as a dispatcher for a [REDACTED]. Diagnoses include disc displacement, lumbar sprain-strain, cervical and thoracolumbar spine pain and cervical myofascitis. Her comorbidities include multiple sclerosis, anxiety, tobacco use, depression, suicidal ideation, headache, hypertension and obesity. Treatment to date has included diagnostic studies-but none were present in documentation, medications, physical therapy, and psychology therapy. She is not working. A physician progress note dated 04-29-2015 documents the injured worker complains of low back, neck, shoulder, bilateral arms and hands, mid back and right leg and foot pain. She rates her lumbosacral pain as 6 out of 10, her cervical spine pain is rated at 4 out of 10, and her thoracic spine pain is rated 6 out of 10. Overall she is feeling a little better. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 333-796, 523-526.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 138-139.

Decision rationale: The claimant sustained a work injury in October 2013 when she tripped and fell. She continues to be treated for shoulder, arm, hand, right leg and foot pain and pain throughout the spine. When seen, additional physical therapy treatments were pending. There was lumbar spinous process tenderness and decreased cervical and lumbar range of motion. There were muscle spasms. Straight leg raising was positive. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. 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 surgery. 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. The requested lumbar support brace was not medically necessary.