

Case Number:	CM15-0160926		
Date Assigned:	08/27/2015	Date of Injury:	04/28/2009
Decision Date:	10/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 53 year old male who sustained an injury on 4-28-09. The initial symptoms and complaints are not included in the medical records. The Progress report dated 4- 23-15 documents he received acupuncture treatments and has lessening overall neck pain. The physical therapy for his low back was not received at this exam. He complains of neck pain and low back pain with the lumbar pain greater than neck. The pain is mild to moderate, intermittently sharp and occasionally radiates down to both arms and both legs. Lumbar flexion and extension are full; flexion is painful; bilateral straight leg raise is negative; bilateral sacroiliac joint compression test is negative; mild palpable muscle spasms in bilateral lumbar paraspinal areas. The treatment plan included request for physical therapy for his low back pain; acupuncture treatments; medications Norco 5-325 mg; Norflex 100; Neurontin 300 mg and work status was modified duty with permanent work restrictions. Diagnoses were lumbosacral strain with flare-up; cervical strain slowly improving; status post left shoulder arthroscopy with Mumford procedure. 5-5-15 chiropractic examination reports his chief complaints are neck pain, shoulder pain and upper and low back; tightness and pain in the cervical, thoracic and trapezius regions and bilaterally in the shoulders. His discomfort is rated as 7 out of 10 and is reduced to 5 out of 10; increased discomfort with cervical movements, arm movements; with extension and abduction of the arm and with lifting. He has tightness and pain in the lumbar and sacral regions and shooting pain in the right hip and is rated as 10 out of 10 and reduced to 7 out of 10. The IW has difficulty walking and has increased pain with walking and prolonged standing. Treatment included acupuncture and infrared heat. He continues therapeutic stretches and exercises at home. Diagnoses include cervical strain; lumbar sprain; thoracic strain. Current requested treatments Spinal Q Brace for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Brace for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 certified. Therefore, the requested treatment is not medically necessary.