

Case Number:	CM15-0161782		
Date Assigned:	08/27/2015	Date of Injury:	09/06/2013
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
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 44 year old male, who sustained an industrial injury on 9-6-13. The injured worker has complaints of pain in the neck, mid and upper back, lower back and right shoulder. Cervical spine, thoracic spine and lumbar spine examination has grade 3 tenderness to palpation over the paraspinal muscles, 3 palpable spasm and restricted range of motion. The right shoulder has grade 2-3 tenderness to palpation and impingement and supraspinatus tests are positive. The diagnoses have included cervical musculoligamentous strain and sprain with radiculitis; rule out cervical spine discogenic disease; right shoulder strain and sprain and thoracic musculoligamentou strain and sprain. Treatment plan for 5-4-15 was prescribed physical therapy of the cervical spine, lumbar spine and right shoulder (outside), two times a week for six weeks; prescribed lumbar spine support to manage pain and restrict range of motion and pending authorization for right shoulder surgery. The request was for retrospective request for lumbar spine support, quantity, 1, date of service 5-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for lumbar spine support, quantity: 1, date of service 5/4/2015:

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 medically necessary.