

Case Number:	CM15-0162108		
Date Assigned:	08/28/2015	Date of Injury:	12/15/2011
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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 51 year old female who sustained an industrial injury on 12-15-11. Progress report dated 8-7-15 reports continued complaints of pain in the lumbar spine and SI joints with some numbness and acute spasm. Taking medications with benefit. Diagnoses include: myofascial pain syndrome, cervical and lumbar spine strain. Plan of care includes: continue medications; naprosyn, omeprazole, flexeril, neurontin, menthoder gel, given 4 trigger point injections bilateral shoulders and request back brace to decrease pain and increase activities of daily living. Work status: as per AME.

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 12 Low Back Complaints.

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 sustained a work-related injury in December 2011 and is being treated for low back pain and sacroiliac pain. When seen, medications were providing benefit. There was sacroiliac joint tenderness with positive Fabere and Gaenslen testing. There was decreased cervical and lumbar range of motion. There were bilateral trapezius muscle trigger points. 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. The requested lumbar support was not medically necessary.