

Case Number:	CM15-0165192		
Date Assigned:	09/02/2015	Date of Injury:	10/07/2011
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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 63 year old male, who sustained an industrial injury on October 7, 2011. Treatment to date has included right shoulder arthroscopic subacromial decompression, physical therapy of the cervical spine and lumbar spine, home exercise program, NSAIDS, and opioid medications. Currently, the injured worker complains of right shoulder pain, cervical spine pain with upper extremity symptoms and low back pain with lower extremity symptoms. The injured worker reports that his condition is worsening and noted a decline in range of motion, a marked increase in pain and a significant decline in activity and function. The injured worker rates his right shoulder pain an 8 on a 10-point scale and he rates his cervical and lumbar spine pain a 5 on a 10-point scale. On physical examination, the injured worker has tenderness to palpation of the right shoulder and exhibits a positive impingement sign. He has tenderness to palpation of the cervical spine and has diminished sensation in the bilateral C6-C7 dermatomal distributions. The injured worker has tenderness to palpation of the lumbar spine and has positive straight leg raise bilaterally. He has minute sensation in the bilateral L5-S1 dermatomal distributions. The diagnoses associated with the request include status post right shoulder arthroscopic subacromial decompression, protrusion of L4-5 and L5-S1 with foraminal narrowing and radiculopathy, cervical pain with upper extremity symptoms and tendinopathy-calcific tendinitis of the right supraspinatus and infraspinatus. The treatment plan includes physical therapy for the lumbar spine, cervical spine and right shoulder, tramadol ER, and shockwave therapy to the right shoulder. A request was received for a new LSO back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: 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 sustained a work injury in October 2011 and continues to be treated for neck and low back pain with upper and lower extremity symptoms and right shoulder pain. When seen, there was cervical and lumbar spine tenderness with decreased and painful range of motion. Straight leg raising was positive. There was right shoulder tenderness with decreased range of motion. Authorization for a new lumbosacral orthosis was requested. The claimant was wearing a lumbar support five days per week and there had been a 40-pound weight gain and it no longer fit. Authorization was also requested for physical therapy. 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, which may have already occurred in this case. The requested lumbar support was not medically necessary.