

Case Number:	CM15-0166332		
Date Assigned:	09/04/2015	Date of Injury:	08/22/2012
Decision Date:	10/07/2015	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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 59 year old male who sustained an injury on 8-22-12 that resulted from lifting plastic material weighing from 30-50 pounds; he felt pain in his lower back and neck. Treatment included medications, physical therapy, and work restrictions. He continued to have pain in the lower back down bilateral legs, neck, and upper shoulders. MRI of the lumbar spine was performed on 11-9-12; extracorporeal shockwave therapy for the lumbar spine was done in 2013. Diagnoses include cervical sprain, strain; degeneration of cervical intervertebral disc; lumbar sprain, strain; lumbosacral neuritis; sprain rotator cuff; and left shoulder sprain, strain. On 4-9-15 orthopedic examination included X-rays of the cervical spine, lumbosacral spine, pelvis, thoracic spine, and left shoulder. A recommendation for: an updated MRI scan of the cervical spine, lumbosacral spine and left shoulder; electromyogram and nerve conduction studies of the cervical spine; and lumbosacral spine and all four extremities. The PR2 dated 8-5-15 reported complaints of constant severe cervical pain rated as 9 out of 10 that is dull, throbbing, burning neck pain; heaviness; numbness; tingling and cramping radiating to the left upper extremities. This is aggravated by cold weather; sudden or repetitive movement; looking up; looking down; driving; and overhead reaching. Relief is from medication and massage. He complained of lumbar spine pain that is dull, achy, sharp, stabbing, and throbbing low back pain. There is numbness, tingling and cramping radiating to the left lower extremities. The pain is rated 8 out of 10. Left shoulder pain is rated 9 out of 10 and is constant severe; dull, achy, throbbing, stiffness, heaviness, numbness and tingling that is aggravated by cold weather; and repetitive movement. The examination of the lumbar spine reported no bruising, swelling,

atrophy, or lesion present at the lumbar spine. Left shoulder revealed no bruising, swelling, atrophy or lesion; impingement syndrome is negative. The treatment plan included requests for pain management consultation for possible epidural injections and lumbosacral orthosis brace. Current requested treatment of lumbosacral orthosis brace was non-certified by Utilization Review on 8-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbo Sacral Orthosis Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The CA MTUS provides minimal guidance concerning lumbar supports, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. In addition, lumbar supports have not been shown to have long-term benefits for low back pain symptom relief. The cited ODG does not recommend lumbar supports for prevention; however, it may be an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain, although evidence is weak. Based on the most recent treating physician records available, the injured worker is not in the acute phase of treatment, nor does have documentation indicating a diagnosis of compression fracture, spondylolisthesis, or instability. Therefore, the request for lumbosacral orthosis brace is not medically necessary and appropriate.