

Case Number:	CM15-0166618		
Date Assigned:	09/04/2015	Date of Injury:	03/06/2012
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 industrial injury on March 6, 2012. The injured worker was diagnosed as having cervical and lumbar discopathy, cervicgia and cubital and carpal tunnel syndrome. Treatment to date has included epidural steroid injection and medication. A progress note dated July 2, 2015 provides the injured worker complains of neck pain radiating to the upper extremities, rated 8 out of 10 and unchanged. The bilateral elbow pain is unchanged and rated 8 out of 10. There is thoracic and lumbar pain rated 8 out of 10 that is worsening. He reports previous lumbar epidural steroid injection helped but has worn off. His right shoulder and wrist-hand pain is unchanged and rated 9 out of 10. Physical exam notes cervical tenderness to palpation with trapezius spasm, positive axial loading and positive Spurling's maneuver. There is bilateral positive Tinel's sign of the elbows with painful full range of motion (ROM) and tenderness to palpation. There is wrist and hand tenderness to palpation, positive Tinel's and Phalen's and painful full range of motion (ROM). The right shoulder is positive for impingement and Hawkin's with tenderness to palpation. There is lumbar tenderness to palpation with guarded restricted range of motion (ROM). The plan includes intramuscular (IM) injection, neurology consult, lumbar brace and right elbow sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports and Other Medical Treatment Guidelines ACOEM Chapter 12, Low Back Pg. 308.

Decision rationale: The patient presents with diagnoses include cervical and lumbar discopathy, cervicgia and cubital and carpal tunnel syndrome. The patient currently complains of neck pain radiating to the upper extremities, bilateral elbow pain, thoracic and lumbar pain, right shoulder pain and wrist-hand pain. The current request is for the purchase of a lumbar brace. The treating physician states in the treating report dated 7/2/15 (40b), "A lumbar brace will be ordered." ACOEM guidelines state, "Corsets for treatment" Not Recommended. In occupational setting, corset for prevention - Optional. ODG states, "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the clinical history does not document this patient suffers from compression fractures, spondylolisthesis or documented instability for which a lumbar back brace would be supported. In fact, the 7/2/15 (37b) treating report notes examination of the Cervico Thoracic Spine and states, "No clinical evidence of instability on exam." The treating report goes on to document a review of the Lumbar Spine and again states, "No clinical evidence of instability on exam." The current request is not medically necessary.