

Case Number:	CM15-0167205		
Date Assigned:	09/04/2015	Date of Injury:	08/26/1997
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
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: 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 60 year old female, who sustained an industrial-work injury on 8-26-97. She reported initial complaints of shoulder, low back, and neck pain. The injured worker was diagnosed as having lumbar-cervical degenerative joint disease, degenerative disc disease, and rotator cuff tear. Treatment to date has included medication, surgery (rotator cuff times 2), physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and injections. Currently, the injured worker complains of long standing back pain. Per the primary physician's progress report (PR-2) on 12-1-14, shoulder exam noted mild restricted on left side, tenderness laterally, tender biceps tendon, range of motion at 120 degrees on left. Cervical spine had tenderness at C5-6, paraspinal spasms, and trigger points at trapezius, tenderness at greater occipital left, flexion and lateral rotation mildly restricted. Lumbar exam notes tenderness at L3-5, paraspinal spasms, trigger points L3-5, reduced range of motion by 50 percent, reduced deep tendon reflexes, sensation reduced on right. The requested treatment included back brace (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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.