MAXIMUS Federal Services

Case Number:	CM15-0191107		
Date Assigned:	10/05/2015	Date of Injury:	08/26/1997
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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: New Jersey, New York
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 injury on 8-26-97. The injured worker is being treated for shoulder pain, degenerative disc disease of lumbar spine, degenerative disc disease of cervical spine and status post left shoulder x 2. Treatment to date has included oral medications including Tramadol 50mg, Ultram, Ultracet and Ultram ER, Lidoderm patch 5%, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy (which has helped in the past), back brace (helped in the past) and activity modifications. On 8-20-15, the injured worker complains of back pain. She is currently not working. Physical exam performed on 8-20-15 revealed mildly restricted range of motion of left shoulder with tenderness laterally and tenderness of biceps tendon on left; cervical spine tenderness at C5-6, paraspinal spasm, trigger points in trapezius area, mildly restricted cervical range of motion and tenderness of lumbar spine at L3, 4 and 5 with paraspinal spasm on left, trigger point at L3, 4 and 5; reduced lumbar range of motion, abnormal gait and lumbar sensation decreased on right. The treatment plan included continuation of medications and request for back brace. On 9-8-15 request for back brace was non-certified by utilization review.

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 Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." For eight years, the patient has had chronic pain. There is no evidence of instability. The patient is currently out of the acute phase. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. Therefore, the request is considered not medically necessary.