

Case Number:	CM15-0196234		
Date Assigned:	10/09/2015	Date of Injury:	10/07/2011
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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 (age unavailable) male with an industrial injury date of 10-07-2011 (listed on the IMR application.) The submitted records list injury date as 10-07-2012. Medical record review indicates he is being treated for status post right shoulder arthroscopic subacromial decompression, protrusion lumbar 4-5 and lumbar 5-sacral 1 with foraminal narrowing and radiculopathy, cervical pain with upper extremity symptoms and tendinopathy-calcific tendinitis right supraspinatus-infraspinatus. Subjective complaints (08-24-2015) included right shoulder pain, cervical pain with upper extremity symptoms and low back pain with lower extremity symptoms rated as 5 out of 10. Medications included Tramadol ER, Naproxen, Pantoprazole and Cyclobenzaprine. Prior treatment included medications, activity modification, stretching, heat, physical therapy and home exercise. Objective findings (08-24-2015) included tenderness of lumbar spine. Lumbar range of motion was documented as flexion 40 degree, extension 35 degree, left and right lateral tilt 40 degree, left and right rotation 40 degree with positive straight leg raise bilaterally. On 09-24-2015, the request for lumbar support orthosis 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:

Lumbar support orthosis back brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in October 2011 and is being treated for right shoulder and neck and low back pain with upper extremity and lower extremity symptoms. When seen, there were worsening right shoulder symptoms. There was a remote history of an arthroscopic subacromial decompression. There were L4/5 and L5/S1 disc protrusions. There was lumbar tenderness with decreased range of motion. Straight leg raising was positive bilaterally. There was decreased lower extremity strength and sensation. A lumbosacral orthosis is being requested. 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. The requested lumbar support is not considered medically necessary.