

Case Number:	CM15-0198766		
Date Assigned:	10/14/2015	Date of Injury:	02/06/2005
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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 74 year old female who sustained an industrial injury on 2-6-05. The injured worker reported discomfort in the low back. A review of the medical records indicates that the injured worker is undergoing treatments for cervical strain sprain, right shoulder impingement, left knee status post arthroscopic medial and lateral meniscal status post debridement, chondroplasty and residual tricompartmental osteoarthritis and chronic lumbar strain sprain with spondylosis. Medical records dated 10-16-15 indicate "chronic discomfort and pain." Medical records dated 10-16-15 indicate pain rated at 4 out of 10 with the use of medication. Provider documentation dated 9-18-15 noted the work status as unemployed. Treatment has included injection therapy, lumbar spine magnetic resonance imaging, cervical spine magnetic resonance imaging (6-24-15), Norco since at least April of 2015, Naprosyn since at least April of 2015, Meloxicam, chiropractic treatments, Psychotherapy, physical therapy, traction, and transcutaneous electrical nerve stimulation unit. Objective findings dated 10-16-15 were notable for right shoulder with "impingement findings", limited range of motion, cervical spine with tenderness, low back with muscle guarding and tenderness, "Myofascial pain points are notable on examination with triggering noted", decreased range of motion. The original utilization review (9-24-15) denied a request for a lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support brace: Upheld

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

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

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.