

Case Number:	CM15-0204053		
Date Assigned:	10/20/2015	Date of Injury:	10/05/2010
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female who sustained an industrial injury on 10-5-10. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine musculoligamentous sprain-strain with right lower extremity radiculopathy, right hip sprain-strain, right shoulder strain-tendinitis-bursitis-impingement-acromioclavicular osteoarthritis, right wrist tendonitis and history of right index fracture. Subjective complaints (9-22-15) include severe right shoulder pain (rated 8-9 out of 10), and low back pain (4-24-15). Objective findings (9-22-15) include lumbar spine tenderness over the paralumbar musculature and quadratus lumborum bilaterally, paralumbar musculature spasm bilaterally, restricted lumbar range of motion with extension at 15 degrees with pain and right lateral bending at 18 degrees, left lateral bending at 15 degrees, positive straight leg raise (right), and positive Kemp's test (bilateral). Work status is noted as return to modified work 9-22-15 with restrictions. Previous treatment includes acupuncture, chiropractic treatment, and home exercise. The treatment plan includes a lumbar spine brace to provide stability and support. A request for authorization is dated 9-22-15. The requested treatment of a lumbar spine brace was non-certified on 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace: Upheld

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

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

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. Therefore the request does not meet recommended guidelines and is not medically necessary.