

Case Number:	CM15-0024215		
Date Assigned:	02/13/2015	Date of Injury:	12/07/2004
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male who reported an injury on 12/07/2004. The mechanism of injury was not stated. The current diagnoses include pain in a joint of the shoulder region, hyperlipidemia, hypertension, and back pain. The latest Physician Progress Report submitted for review is documented on 10/15/2014. It was noted that the injured worker was scheduled for right shoulder surgery on 10/22/2014. The injured worker was utilizing Norvasc 10 mg, aspirin 81 mg, and atorvastatin 20 mg. The injured worker presented for a preoperative evaluation. Subjective complaints included 7/10 shoulder and low back pain. Physical examination revealed tenderness of the lumbar spine upon range of motion. Treatment recommendations were not provided on that date. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): s 205, 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no evidence of instability upon examination. There was no documentation of a significant functional limitation. The medical necessity has not been established. As such, the request is not medically appropriate.