

Case Number:	CM15-0029898		
Date Assigned:	02/23/2015	Date of Injury:	04/24/2012
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, California
 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 57-year-old female, who sustained an industrial injury on 4/24/12. The injured worker has complaints of shoulder aggravated with overhead reaching and overhead work. Cortisone injection in the left shoulder only provided relief for one week. Complaints of lower back pain with radicular symptoms into the right and left leg and are aggravated with prolonged sitting, standing, walking and lifting on 12/23/14. Physical examination of the lumbar spine revealed limited range of motion, positive SLR, muscle spasm with tingling, decreased sensation and muscle weakness. She has complaints of left knee pain that is aggravated with repetitive kneeling, squatting and lifting. The diagnoses have included left shoulder tendinitis, impingement, rotator cuff tear; left carpal tunnel syndrome; lumbar strain, herniated lumbar disc with radiculitis; left knee medial meniscal tear; right knee sprain/strain and cervical sprain/strain rule out herniated disc. The patient sustained the injury when she tripped on a stool. The medication list include Norco, ultram, Prilosec and Flexeril. Patient has received an unspecified number of PT and acupuncture visits for this injury The patient has had a MRI of the left shoulder, left knee and low back and cervical spine for this injury The patient has had EMG study that revealed left CTS. Any surgery or procedures related to this injury were not specified in the records provided. The MRI of the low back on 7/18/12 that revealed degenerative changes and disc bulges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/24/15)Lumbar supports.

Decision rationale: Request: Low Back Brace. Per the ACOEM guidelines cited below there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. In addition per the ODG cited below regarding lumbar supports/brace, prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion). Patient has received an unspecified number of PT and acupuncture visits for this injury Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of Low Back Brace is not fully established.