

Case Number:	CM15-0219859		
Date Assigned:	11/12/2015	Date of Injury:	02/14/2014
Decision Date:	12/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/09/2015

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 62 year old male who sustained an industrial injury on 2-14-2014. A review of medical records indicates the injured worker is being treated for cervical sprain strain, rule out cervical radiculopathy, lumbar sprain strain, rule out lumbar radiculopathy, right sacroiliitis, left shoulder subacromial bursitis and impingement with labral tear, calcific tendonitis, left shoulder, and adhesive capsulitis, left shoulder. Medical records dated 9-17-2015 noted left shoulder pain rated 8 out of 10. There was decreased range of motion to the left shoulder. Cervical pain was rated 5 out of 10 and low back pain was rated 6 out of 10 with right lower extremity symptoms. The use of LSO brace facilitated improved tolerance to standing and walking and maintenance of activities of daily living. Physical examination noted tenderness of the cervical and lumbar spine as well as thoracic spine. There was diminished sensation in T9 and T10 dermatomal distribution. Demonstrates sensation left C6 and C7 dermatomal distributions. Treatment has included Tramadol and hydrocodone since at least 6-4-2015. Utilization review form dated 10-5-2015 noncertified back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace, low back, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.