

Case Number:	CM15-0221437		
Date Assigned:	11/17/2015	Date of Injury:	09/02/2014
Decision Date:	12/24/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female, who sustained an industrial injury on 9-2-14. The injured worker was diagnosed as having foraminal stenosis C5-6 and C6-7 with radiculopathy; left cervical trapezius and periscapular myofascial pain. Treatment to date has included physical therapy; medications. The PR-2 notes dated 9-16-15 indicated the injured worker complains of cervical pain to periscapular region left with trapezius pain "6 out of 10 scale" per provider. He notes that medications does facilitate maintenance of activities of daily living including household duties, shopping for groceries, grooming, and simple food preparation and cooking as well as healthy activity level and adherence to physical methods as encouraged. The provider notes favorable significant objective improvement with medications on board discussed including but not limited to greater activity level and greater function. Objective findings are noted as tenderness to the cervical spine with range of motion flexion 40 degrees, extension 35 degrees, left and right rotation 40 degrees, left and right lateral tilt 35 degrees; tenderness left parascapular musculature with spasm. The treatment plan includes a request for a cervical epidural injection, physical therapy for the cervical spine and a TENS unit along with a TLSO back brace to "stabilize the core and align the spine and shoulder joint to reduce pain and lead to improved mobility and greater level of function." A PR-2 note dated 8-22-15 had same to similar complaints and treatment plan. Pain levels of intensity were noted by the provider at that time as "4-5 out of 10" and requesting a cervical epidural steroid injection at C5-C6 with intravenous sedation. A Request for Authorization is dated 11-10-15. A Utilization Review letter is dated 10-

14-15 and non-certification for Back brace (Spinal Q Brace). A request for authorization has been received for Back brace (Spinal Q Brace).

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace (Spinal Q Brace): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), IntelliSkin posture garments (2) Low Back - Lumbar & Thoracic (Acute & Chronic, Posture garments).

Decision rationale: The claimant sustained a work injury to the neck, left shoulder, and left lower extremity in September 2014. When seen in September 2015 she was having cervical pain to the left periscapular region with trapezius pain which was rated at 6/10. She had complaints of posture related issues including forward orientation of the left scapular and shoulder region with spasms, fatigue, shoulder, neck, and upper back symptoms. Physical examination findings included decreased cervical spine range of motion. There was cervical and left periscapular muscle tenderness with spasms, which was unchanged. Authorization was requested for additional physical therapy, epidural injections, and TENS supplies. Authorization was also requested for a Spinal Q Posture Brace. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not medically necessary.