

Case Number:	CM15-0052733		
Date Assigned:	04/29/2015	Date of Injury:	08/03/2013
Decision Date:	05/26/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/20/2015

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

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 34-year-old male, who sustained an industrial injury on 8/3/13. He reported sharp pain in lower back, neck and left shoulder. The injured worker was diagnosed as having headaches/cephalgia, cervical spine sprain/strain, cervical spine radiculopathy, bilateral shoulder sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, radiculitis of lower extremity and bilateral knee internal derangement. Treatment to date has included oral medications, topical medications, physical therapy and home exercise program. Currently, the injured worker complains of headaches, burning, radicular neck pain with muscle spasms, burning bilateral shoulder pain with radiation down the arms to fingers and muscle spasms, burning radicular mid back pain and muscle spasms and burning bilateral knee pain and muscle spasms; all pain was rated 5-6/10. On physical exam, tenderness is noted to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles, tenderness to palpation is noted at subacromial space, AC joint, over the anterior portion and over biceps tendon of bilateral shoulders, thoracic spine exam noted palpable tenderness with spasms over the bilateral thoracic paraspinals and palpable tenderness with spasms is noted at the lumbar paraspinal muscles and over the lumbosacral junction. Tenderness to palpation is also noted over the medial and lateral joint line of bilateral knees. The treatment plan included continuation of current treatment, physical therapy, chiropractic therapy and acupuncture treatment, shockwave therapy, (EMG) Electromyogram/(NCV)Nerve Condition Velocity studies, Terocin patches and continuation of the following medications: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for 1 Lumbar Spine Support, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested 1 Lumbar Spine Support is not medically necessary.