

Case Number:	CM15-0054112		
Date Assigned:	03/27/2015	Date of Injury:	01/07/2011
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 51 year old male, who sustained an industrial injury on January 7, 2011. The injured worker had reported neck and left shoulder pain. The diagnoses have included chronic lumbar myofascial pain, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms and status post left shoulder rotator cuff repair. Treatment to date has included medications, radiological studies, lumbar epidural steroid injections, electrodiagnostic studies, trigger point injections, back brace, corticosteroid injections and left shoulder surgery. Current documentation dated January 16, 2015 notes that the injured worker continued to complain of left shoulder pain and low back pain which radiated down both lower extremities. Physical examination of the left shoulder revealed tenderness to palpation and a significantly decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral musculature and sciatic notch region. There were trigger points and taut bands throughout the region. Sensation was decreased and a straight leg raise test was positive in the left lower extremity. The documentation notes that the injured workers lumbosacral orthosis was over three years old and not fitting properly. The treating physician's plan of care included a request for a new orthosis, body part lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthosis body part lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 ODG, Lumbar supports (low back).

Decision rationale: The patient presents with low back and left shoulder pain. The current request is for orthosis body part lumbar spine. The treating physician states that the patient's brace is over three years old and is not fitting properly. The ODG guidelines state that lumbar supports are not recommended for prevention. Lumbar supports are recommended for treatment "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)." "For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence)." In this case, the treating physician has not diagnosed the patient with a compression fracture or spondylolisthesis. The PTP gives a diagnosis of myoligamentous injury with bilateral lower extremity radicular symptoms. This is a nonspecific diagnosis. The current request is medically necessary and the recommendation is for authorization.