

<b>Case Number:</b>	CM15-0059116		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/08/1998
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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

### 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 60 year old female who sustained an industrial injury on 9/8/98. The injured worker reported symptoms in the right shoulder, lumbar spine and left leg. The injured worker was diagnosed as having left shoulder pain, myoligamentous strain of the lumbar spine with disc protrusions and exacerbation of right shoulder pain. Treatments to date have included bracing and activity modification. Currently, the injured worker complains of pain in the right shoulder, lumbar spine with radiation to the left leg. The plan of care was for diagnostics, lumbar brace and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays, lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, Radiography.

**Decision rationale:** The patient presents with pain in the right shoulder and lumbar spine with radiation to the left leg. The request is for X-RAYS, LUMBAR SPINE. The RFA provided is dated 03/06/15. Patient's diagnosis included exacerbation of right shoulder pain, with rotator cuff and SLAP lesion tear and myoligamentous, strain of the lumbar spine with protrusions, stenosis and grade 1 anterolisthesis and left shoulder pain confirmed via MRI studies of 03/11/10 and 11/21/13. Patient is temporarily totally disabled. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks."The treater did not provide a rationale for the request. Review of the medical reports provided did not demonstrate any clear neurological pathology. There are no clear and specific documentations of subjective complaints or abnormal physical findings with respect to lumbar spine. Treater only states that there is decreased range of motion and tenderness to the lumbar spine. Lumbar spine radiography is not recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The patient does not present with any potential fracture, red flags. Given the lack of clinical findings and neurologic deficits, the request is not in accordance with the guidelines and thus IS NOT medically necessary.

**X-rays, bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-1 and 9-6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, Radiography.

**Decision rationale:** The patient presents with pain in the right shoulder and lumbar spine with radiation to the left leg. The request is for X-RAYS BILATERAL SHOULDERS. The RFA provided is dated 03/06/15. Patient's diagnosis included exacerbation of right shoulder pain, with rotator cuff and SLAP lesion tear and myoligamentous strain of the lumbar spine with protrusions, stenosis and grade 1 anterolisthesis and left shoulder pain confirmed via MRI studies of 03/11/10 and 11/21/13. Patient is temporarily totally disabled. Regarding radiography of the shoulder, ODG states "Recommended" When there an indication of acute shoulder trauma to rule out fracture or dislocation and questionable bursitis, blood calcium (Ca+)/ approximately 3 months duration. The treater did not provide a rationale for the request. Review of the medical reports provided did not demonstrate any clear neurological pathology. There are no clear and

specific documentations of subjective complaints or abnormal physical findings with respect to the shoulders. Shoulder radiography is not recommended in patients in the absence of acute shoulder trauma to rule out fracture or dislocation and questionable bursitis, and blood calcium (Ca+)/ approximately 3 months duration. The patient does not present with any potential fracture or other red flags. Given the lack of clinical findings as indicated by the guidelines, the request is not in accordance with the guidelines and thus IS NOT medically necessary.

**Slee-Q lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar Supports.

**Decision rationale:** The patient presents with pain in the right shoulder and lumbar spine with radiation to the left leg. The request is for SLEE-Q LUMBAR BRACE. The RFA provided is dated 03/06/15. Patient's diagnosis included exacerbation of right shoulder pain, with rotator cuff and SLAP lesion tear and myoligamentous, strain of the lumbar spine with protrusions, stenosis and grade 1 anterolisthesis, and left shoulder pain confirmed via MRI studies of 03/11/10 and 11/21/13. Patient is temporarily totally disabled. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its low back chapter, Lumbar Supports, states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "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."The lumbar brace is requested to manage and decrease pain, promote increased functional mobility, and promote reduced pharmacological consumption. ODG recommends it as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. The patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. Furthermore, ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient injury date was reported as 09/08/98. The request IS NOT medically necessary.