

Case Number:	CM15-0060103		
Date Assigned:	04/06/2015	Date of Injury:	08/25/2011
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 56-year-old man sustained an industrial injury on 8/25/2011. The mechanism of injury is not detailed. Diagnoses include failed left shoulder surgery, cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, partial tear of rotator cuff of the left shoulder, thoracic spondylosis of the thoracic spine without myelopathy, right patella chondromalacia, anxiety, and insomnia. Treatment has included oral medications, surgical intervention, physical therapy, home exercises, and use of a cane. Physician notes dated 3/2/2015 show complaints of cervical spine, right knee, left shoulder, thoracic spine, and lumbar spine pain. Recommendations include two topical medications, Flexeril, and Naprosyn, a new cane, lumbosacral orthotic, and internal medicine consultation for evaluations and treatment of urologic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbar support orthosis, specifically Apollo LSO, for 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): 301.

Decision rationale: Regarding the request for LSO, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LSO is not medically necessary.