

Case Number:	CM14-0117312		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2010
Decision Date:	10/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 43-year-old gentleman was reportedly injured on June 1, 2010. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back pain and bilateral shoulders pains. The physical examination demonstrated excellent range of motion of the right shoulder and full muscle strength. Examination of the left shoulder revealed a positive Neer's test and Hawkin's test. There were tenderness along the lumbar spine paraspinal muscles and pain at full lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right shoulder arthroscopy, cervical spine discectomy and fusion, and physical therapy. A request had been made for Spinal Q postural brace for the low back and shoulders and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

postural brace for the low back and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines: 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): Low Back - Lumbar and Thoracic, Lumbar Supports, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, a lumbar support is not recommended for prevention but only as an option for treatment for compression fractures, spondylolisthesis, and documented instability. As the injured employee is not diagnosed with any of these conditions, this request for a [REDACTED] postural brace for the low back and bilateral shoulders is not medically necessary.