

Case Number:	CM14-0125499		
Date Assigned:	08/11/2014	Date of Injury:	03/26/2013
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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 Georgia. 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 patient is a 29 year old female who was injured on 03/26/2013 at work. She reported that, while trying to reach a box from a shelf, the box tilted to the left and the weight of the box shifted to her left hand. Per patient's report, this resulted in immediate onset sharp shooting pain from the hand to the shoulder, neck, and low back. Prior treatment history has included four shoulder injections, left shoulder surgery, ibuprofen, and physical therapy. An MR arthrogram dated 07/16/2014 demonstrated a flat acromion, partial articular tear of the supraspinatus, and tendinosis of the infraspinatus. Physical Medicine and Pain Management Consult note dated 02/06/2014 noted the patient's initial injury resulted in right shoulder pain. It then notes that "abduction, internal rotation, lift, push, and pull still exacerbate the left shoulder pain." Exam noted normal appearance of the lumbar spine, with full range of motion. No tenderness to palpation was noted in the paraspinal musculature, the spinous processes, piriformis, or gluteus groups bilaterally. Motor exam was documented as grossly intact. Diagnoses included cervical, thoracic, and lumbar strain; osteoarthritic changes, nonindustrially related. Initial evaluation dated 06/03/2014 stated the patient presented with complaints of constant upper back pain rated 5/10 in intensity. She reported the pain radiated to her left shoulder, arm, and left hand. She also reported some associated numbness and tingling in her left hand. She reported constant low back pain rated as 4-5/10 which radiated to her buttocks. She reported numbness and tingling. She noted increased pain with moving or bending, which improved with rest. Her activities of daily living were reported to be affected as she endorsed an inability to sit for more than 1 hour or perform her job responsibilities. She reported difficulty with grasping, walking, cooking, carrying grocery bags, and engaging in sexual intimacy. She reported an inability to perform heavy lifting, bending, or pulling. On exam, she had tenderness to palpation with spasms of the paraspinal muscles and the left quadratus lumborum muscle, and tenderness to palpation of left

sacroiliac. Range of motion the thoracic spine revealed flexion to 40; extension to 15; right flexion to 15 and left flexion to 10. A positive sitting root and straight leg raise test were documented at 25 degrees on the right and 20 degrees on the left. Hypoesthesia of the left gluteal and left posterior thigh were noted. Lower extremity deep tendon reflexes were normal at the patellar and Achilles tendons. Strength of an unspecified myotome was 2+/5. Listed diagnoses included lumbar spine sprain/strain with radiculitis. A recommendation was made for a lumbar spine support. Primary treating physician's medical re-evaluation dated 07/08/2014 reported the patient was complaining of left shoulder and upper back pain that was constant and moderate to occasionally severe. The pain radiated into her left arm and hand. She reported numbness and tingling into her left hand. The pain increased in the morning and night, and decreased when resting. She also complained of low-back pain which was constant, moderate to occasionally severe. The pain reportedly radiated into her buttocks. She reported numbness and tingling involving unspecified regions. The pain increased with moving and bending, and decreased with rest. Exam documented normal thoracic kyphosis and lumbar lordosis. She had tenderness to palpation with spasms of the paraspinals and tenderness to palpation of the left sacroiliac. She had limited range of motion secondary to pain. Positive sitting root test was noted. Patellar and Achilles reflexes were equal and symmetric. Strength in an unspecified area was 2+/5. Diagnoses included lumbar spine sprain/strain with radiculitis. Secondary treating physician's progress report dated 07/23/2014 is handwritten and completely illegible other than the date. Prior utilization review dated 07/24/2014 states the request for LSO Back Support Purchase is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Support Purchase: Upheld

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

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, Lumbar Supports Chou R. Low Back Pain (Chronic). American Family Physician. 2011;84(4):437-438. Available at: <http://www.aafp.org/afp/2011/0815/p437.pdf>. Accessed: October 9, 2014.

Decision rationale: CA MTUS/ACOEM guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) does not recommend lumbar supports for prevention of back pain. They are recommended as an option for treatment of pain related to compression fractures, specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low-back pain, though the evidence to support it is very low quality. The medical records document chronic low-back pain, which is attributed to unspecified "sprain/strain", with associated radiculitis of an unspecified nerve root, with documentation of sensory disturbances and a positive straight leg raise test bilaterally. Nonspecific low back pain is defined as "pain not attributed to a recognizable pathology (e.g., infection, tumor, osteoporosis, rheumatoid arthritis, fracture, inflammation)." Further, individuals with "sciatica (lumbosacral radicular syndrome)" are typically excluded from this definition. The patient in the case under review would therefore

not meet the criteria for nonspecific low back pain. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request for a lumbar support/LSO is not medically necessary.