

Case Number:	CM14-0099116		
Date Assigned:	09/12/2014	Date of Injury:	02/17/2010
Decision Date:	10/21/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 42-year-old male who reported injury on 02/17/2010. He sustained injuries working as a factory worker to his left shoulder, neck, and back. The injured worker's treatment history included x-rays, MRI studies, medications, physical therapy, and chiropractic treatment. The injured worker was evaluated on 02/25/2014, and it was documented the injured worker continued to complain of pain in the left shoulder. Physical examination of the cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with obvious muscle guarding. Cervical spine range of motion in flexion was 30 degrees, extension was 30 degrees, right lateral/left lateral bend was 30 degrees, and right/left rotation was 60 degrees. Lumbar spine examination revealed posterior lumbar musculature tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding. Lumbar spine range of motion was flexion 45 degrees, extension 15 degrees, left/right lateral bend was 20 degrees. Sensory exam with Wartenberg pinprick wheel was decreased along the posterolateral thigh and posterolateral calf in approximately the L5-S1 distribution bilaterally. The straight leg raise in the modified sitting position was positive at 60 degrees bilaterally, causing radicular symptoms to both extremities. Diagnoses included cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, left shoulder internal derangement, status post arthroscopic surgery 2011, left shoulder revision arthroscopic surgery 01/23/2014, right shoulder internal derangement, and medication induced gastritis. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 rationale: The request for lumbar brace is not medically necessary. CA MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend this option as beneficial beyond the acute phase of symptom relief. There is no rationale provided to warrant the request for a lumbar back brace. Given the above, the request is not medically necessary.