

Case Number:	CM14-0161049		
Date Assigned:	10/06/2014	Date of Injury:	10/20/2009
Decision Date:	01/23/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old male with a work injury dated 10/20/09. The diagnoses include cervical sprain/strain and status post lumbosacral discectomy; bilateral shoulder arthralgias. Under consideration are requests for Aspen Summit Back Brace, Soft Cervical Collar (Purchase). The documentation from March of 2014 that indicates that the patient has neck pain, low back pain and shoulder pain. The neck pain is 9/10 without and 7/10 with meds. The pain is radiating into the right greater than left upper extremities with numbness. The right shoulder pain does not radiate but is constant and aching. The low back pain is 8/10 without and 4/10 with medications. The pain is dull and achy and radiates into the left more than right legs with numbness. On exam the gait is within normal limits. There is decreased and painful cervical and lumbar range of motion with pain, tenderness and spasm. Spurling test is negative and the straight leg raise is negative. The treatment includes Toradol injection, trigger point injections, topical analgesic/ medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen Summit Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter: Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 301: 9, 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar and thoracic: Lumbar supports

Decision rationale: Aspen Summit Back Brace is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons or instability to go against guideline recommendations and therefore the request for lumbar support brace is not medically necessary.

Soft Cervical Collar (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)- collars (cervical)

Decision rationale: Soft Cervical Collar (Purchase) is not medically necessary per the MTUS and the ODG Guidelines. The MTUS ACOEM guidelines do not recommend wearing a cervical collar more than 1 or 2 days in acute neck pain. The ODG states that collars are not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. The documentation does not indicate fractures or postoperative conditions therefore the request for soft cervical collar purchase is not medically necessary.