

Case Number:	CM15-0004719		
Date Assigned:	01/16/2015	Date of Injury:	04/01/2011
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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: Internal Medicine

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 53 year old female who sustained a work related injury April 1, 2011. According to a secondary doctor's first report on July 9, 2014, she was carrying a tray of paint and bumped her knee and developed pain in her left hand, left knee and lumbosacral area. An MRI(magnetic resonance imaging)dated August 5, 2014, of the left hand reveals minimal fluid along the visualized flexor pollicis longus tendon at the level of the proximal shaft of the first proximal phalanx; may represent tenosynovitis or tendinitis(report present in medical record). A secondary treating physician's report dated August 18, 2014, finds the injured worker presenting with complaints of severe lumbosacral, knee and hand pain, not otherwise specified. After acupuncture treatment it states she has improvement in the ability to drive and feed herself. There is no physical examination documented. Diagnoses are neck sprain/strain, brachial neuritis/radiculitis, other affections right shoulder, lateral epicondylitis of elbow, and carpal tunnel syndrome. Treatment plan included request for electro-acupuncture, moxibustion, infrared heat, kinetic activities, cupping, and analgesic patch, weekly.According to utilization review dated December 29, 2014, the request for LSO Back Support Lumbar Spine purchase is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; LOS Back Support Lumbar Spine-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, Lumbar Support

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Table 2: Summary of Recommendations by Low Back Disorder.

<http://www.guideline.gov/content.aspx?id=38438>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Medical records document a history of low back pain and lumbar spine sprain and strain. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, the request for a lumbosacral orthosis LSO brace support is not supported. Therefore, the request for a lumbosacral orthosis LSO brace support is not medically necessary.