

Case Number:	CM15-0112095		
Date Assigned:	06/19/2015	Date of Injury:	03/16/2010
Decision Date:	08/26/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 65-year-old female who sustained an industrial injury on 3/16/2010 resulting in bilateral shoulder, neck, and lower back pain with restricted range of motion. She was diagnosed with pain in the shoulder joint region, shoulder joint derangement, lumbar degenerative disc disease, and abnormal posture. Treatment has included physical therapy, acupuncture, cortisone injections, home H-wave therapy, and medication, with no outcomes in provided documentation. She also had a trial use of a postural brace in physical therapy which she had reported as helping improve posture and symptoms. The injured worker continues to report back and right shoulder pain with difficulty with range of motion and some activities of daily living. The treating physician's plan of care includes a spinal Q postural rehabilitation brace. Current work status not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Spinal Q Postural rehab 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 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports; Shoulder, Intelliskin posture garments.

Decision rationale: Regarding the request for Spinal Q Postural rehab brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM is silent in regards to this type of brace. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. ODG also states for another posture garment that it is not recommended due to lack of published studies to support its use. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of the treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. Finally, there is no published literature to support the use of the Spinal Q postural rehab brace. As such, the currently requested Spinal Q Postural rehab brace is not medically necessary.