

Case Number:	CM15-0112507		
Date Assigned:	06/19/2015	Date of Injury:	01/14/2009
Decision Date:	10/13/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 year old 62 male, who sustained an industrial injury on January 14, 2009. Treatment to date has included left shoulder surgery, right knee surgery, injections, diagnostic imaging and pain medications. Currently, the injured worker complains of constant pain in the cervical spine, low back, bilateral knees, bilateral shoulders and bilateral wrists. He reports radiation of his cervical spine pain to the upper extremities with associated numbness and tingling and headaches. He reports radiation of his low back pain to the mid and upper back. The injured worker rates his cervical spine, low back and bilateral knee pain an 8 on a ten-point scale and his bilateral shoulder and wrist pain a 7 on a ten-point scale. On physical examination the injured worker has tenderness to palpation with spasm of the cervical spine. He has a positive axial loading compression test and positive Spurling's maneuver. His cervical spine range of motion is limited with pain and has numbness and tingling into the anterolateral shoulder, arm, lateral forearm and hand. He has a positive Hawkins and impingement signs of the bilateral shoulders. The injured worker has reduced strength in the C5-C6 distribution. He has tenderness to palpation over the volar aspects of the wrists and has a positive palmar compression test with subsequent Phalen's maneuver. The injured worker has a positive Tinel's sign over the carpal canal. He has pain and tenderness of the lumbar spine and severely guarded and restricted lumbar range of motion. The injured worker has pain and tenderness in the left knee with a positive patellar grind test and positive McMurray's test. He has crepitus and painful bilateral knee range of motion. The diagnoses associated with the request include cervical and lumbar discopathy, carpal tunnel and double crush syndrome, cervicalgia, internal derangement

of the bilateral shoulders, and internal derangement of the bilateral knees. The treatment plan includes pain management referral, knee specialist referral, medications and lumbosacral back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of L/S back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.