

Case Number:	CM15-0115283		
Date Assigned:	06/30/2015	Date of Injury:	08/22/2012
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial injury on 8/22/12 after lifting plastic rings from a pallet experiencing a sharp pulling sensation on his low back sustaining injuries to his neck, left shoulder and lower back. He was medically evaluated, placed on modified duty and received physical therapy. He currently complains of constant, severe neck pain (9/10) with numbness and tingling to the left upper extremity; throbbing low back pain (8- 9/10) with numbness, tingling and cramping radiating to the left lower extremity; left shoulder pain (8-9/10) with numbness and tingling. On physical exam there was decreased range of motion of the cervical spine and cervical compression caused pain; lumbar spine was with decreased range of motion and sciatic stretch was positive bilaterally; there was decreased range of motion of the left shoulder. Medications are topical creams, Naprosyn and pantoprazole. Treatments to date include medications; physical therapy. Diagnoses include cervical spine sprain/ strain; degeneration of the cervical intervertebral disc; lumbar spine sprain/ strain; lumbosacral neuritis; sprain rotator cuff; left shoulder sprain/ strain. Diagnostics include MRI of the lumbar spine (5/15/15) showing no disc herniation; MRI of the left shoulder (5/11/15) showing no articular or bursal sided rotator cuff tears; MRI of the cervical spine (5/13/15) showing soft tissue spinal stenosis; electromyography/ nerve conduction studies of the bilateral upper and lower extremities (5/5/15) showing no evidence of cervical radiculopathy or brachial plexopathy. In the progress note dated 5/22/15 the treating provider's plan of care included a request for a lumbosacral brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthosis brace purchase: 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: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Lumbosacral orthosis brace purchase is not medically necessary and appropriate.