

Case Number:	CM15-0115387		
Date Assigned:	06/23/2015	Date of Injury:	11/28/2011
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
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: Emergency 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 56 year old male, who sustained an industrial injury on 11/28/2011. He has reported injury to the neck and low back. The diagnoses have included cervical sprain/strain; cervical radiculopathy with myofasciitis; bilateral shoulder partial rotator cuff tear; lumbar sprain /strain; lumbosacral radiculopathy with myofasciitis; and status post lumbar spine surgery, on 10/31/2014. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Xanax, and Omeprazole. A progress note from the treating physician, dated 05/21/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant and increased neck pain, rated at 7/10 on the visual analog scale; back pain, rated at 5-6/10, with frequent symptoms; left shoulder pain, rated at 7/10, with increased symptoms; left greater than right bilateral wrist pain, with cramping; left greater than right bilateral elbow pain, rated at 6/10; and bilateral knee pain, rated at 8/10, with increased pain at the left knee. Objective findings included positive bilateral axial compression, right greater than left; limited lumbar spine range of motion; positive straight leg raising test; and weakness noted with grip strengths. The treatment plan has included the retrospective request for 1 custom LSO (Lumbar-Sacral Orthosis) brace (date of service: 05/21/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 custom LSO brace (DOS 05/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298 and 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298.

Decision rationale: The request is for 1 custom LSO brace. The MTUS 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. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. The request as written is not supported by the MTUS, would provide little proven benefit, and therefore is not medically necessary.