

Case Number:	CM15-0118931		
Date Assigned:	06/29/2015	Date of Injury:	07/12/2011
Decision Date:	07/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, California
 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 38-year-old male who sustained an industrial injury on 7/12/11. Diagnoses are myofascial pain syndrome, strain of lumbar spine, lumbar spine radiculopathy, rotator cuff syndrome left and right, left ankle pain and right shoulder pain. In a progress note dated 6/9/15, the primary treating physician reports he is scheduled to have left shoulder surgery 7/9/15. He continues to have pain in the left ankle, right shoulder and lumbar spine with some numbness of the right leg and is taking medication with benefit. Exam notes a positive straight leg raise on the right, left ankle tenderness, decreased range of motion to the right shoulder and lumbar spine by 10% in all planes. The plan is to request refill of medications and a back brace to help decrease pain and increase activities of daily living and to decrease medication use. Medications are Naprosyn, Omeprazole, Flexeril, Neurontin, and lidopro ointment. Work status as of 3/18/15 is noted as full time work schedule with restrictions. Previous treatment includes chiropractics, medication, physical therapy, MRI right knee-9/2011, MRI left shoulder-10/2011, X-rays, left knee arthroscopic meniscectomy-2013, and right shoulder arthroscopic surgery- 2014. The requested treatment is a back brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Back Brace Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The brace was requested in advance of a scheduled surgery. Length of use was not specified. Indefinite use of a back brace is not medically necessary and therefore the purchase of a back brace is not medically necessary.