

Case Number:	CM15-0129034		
Date Assigned:	07/15/2015	Date of Injury:	09/15/2014
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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 43 year old male who sustained an industrial injury on 09/15/14. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, acupuncture, shockwave therapy, and a functional capacity evaluation. Diagnostic studies include MRIs of the bilateral wrists, elbows, and x-rays of the left shoulder, wrist, elbow, right knee, and cervical, thoracic, and lumbar spine. Current complaints include neck, shoulder, elbow, wrist, and back pain. Current diagnoses include cervical/thoracic/and lumbar pain/sprain/strain/herniated nucleus pulposus; bilateral shoulder sprain/strain/tendonitis, right shoulder bursitis/acromioclavicular arthrosis/subchondral cyst, bilateral elbow sprain/strain, right elbow lateral and medial epicondylitis, bilateral wrist sprain/strain, left wrist subchondral cyst/tenosynovitis, and lumbar radiculopathy. In a progress note dated 03/19/15 the treating provider reports the plan of care as medications including Deprizine, Dicopanol, fanatrex, Synapryn, tabrodol, Cyclobenzaprine, and Ketoprofen cream, as well as physical therapy acupuncture, a lumbosacral brace, and platelet rich plasma to the bilateral shoulders and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back support purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.