

Case Number:	CM15-0161358		
Date Assigned:	08/28/2015	Date of Injury:	03/30/2011
Decision Date:	11/25/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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, Texas
 Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on 3-30-2011. The injured worker was being treated for carpal tunnel syndrome, wrist strain, de Quervain's tenosynovitis, and frozen shoulder. Medical records (7-8-2015) indicate the injured worker reported difficulty sleeping at night due muscle spasticity over the cervical musculature. She also reported numbness and tingling, back pain, muscle spasms and cramps, and weakness. She reported difficulty with getting off a chair and toilet, doing chores, bathing, grooming, dressing, leisure activities, driving, and working. On 7-8-2015, the injured worker rated her pain as 8 out of 10 at worst in the past week, 5 out of 10 at best in the past week, and 7 out of 10 on average over the past week. The physical exam (7-8-2015) revealed no warmth or erythema in the joints, no crepitus in the joints, and no tenderness to palpation of the neck and back. There was pain with limited range of motion of the left shoulder. There was mild weakness of the bilateral elbow flexion, a normal left grip strength, and mild decreased right grip strength. There was intact sensation in the bilateral C6-8 (cervical 6-8) dermatomes, and of the bilateral biceps, triceps, and brachioradialis reflexes were 2+. Diagnostic studies were not included in the provided medical records. Treatment has included an H-wave unit and medications including oral pain, topical pain, and anti-epilepsy. Per the treating physician (7-8-2015 report), the injured worker was to remain on modified duty: exerting 20-50 pounds of force occasionally, or 10-25 pounds of force frequent, or an amount greater than negligible and up to 10 pounds constantly to move objects. The requested treatments included a Spinal Q Dynamic Support Vest. On 8-5-2015, the original utilization review non-certified a request for a Spinal Q Dynamic Support Vest.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Q Dynamic Support Vest: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014 Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Posture Garment.

Decision rationale: The MTUS is silent regarding the use of a posture garment for chronic back pain. According to the ODG, posture garments are not recommended as a treatment for low back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. In this case the patient has chronic low back pain, the use of a spinal Q dynamic support vest, a posture garment, is not medically necessary.