

Case Number:	CM15-0170191		
Date Assigned:	09/10/2015	Date of Injury:	07/26/2013
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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, Hawaii

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:

This 66 year old man sustained an industrial injury on 7-26-2013. The mechanism of injury is not detailed. Evaluations include an undated right shoulder MRI dated 7-21-2014, left shoulder MRI dated 7-21-2014, lumbar spine MRI dated 6-21-2014, cervical spine MRI dated 7-21-2014, electrodiagnostic studies of the bilateral upper extremities dated 12-30-2014, and electrodiagnostic studies of the bilateral lower extremities dated 10-16-2014. Diagnoses include cervical disc herniation with bilateral upper extremity radicular symptoms, bilateral shoulder impingement syndrome with partial right rotator cuff tears and significant loss of range of motion bilaterally and grip strength on the right, lumbar spine disc herniation with bilateral lower extremity radiculopathy, chronic bilateral thumb and wrist arthritis with moderate carpal tunnel syndrome, bilateral plantar fasciitis, and medication induced gastritis. Treatment has included oral medications and surgical intervention. Physician notes dated 7-30-2015 show complaints of bilateral shoulder pain with the right more intense than the left and increasing neck pain with radiation to the bilateral upper extremities. The physical examination shows tenderness to palpation of the cervical spine musculature as well as the musculature to the upper back and occipital region and multiple trigger point throughout, decreased cervical spine range of motion, decreased sensation along the right arm and forearm as well as the hand, decreased grip strength, decreased bilateral shoulder range of motion, decreased lumbar spine range of motion, decreased sensation along the bilateral lateral calf, radicular symptoms present with straight leg raise, and tenderness to palpation in the plantar fascia. Recommendations include cervical transforaminal epidural steroid injections, trigger point injections, Anaprox, Prilosec, Ultram, Neurontin,

internal medicine consultation for medical clearance, surgical intervention, lumbosacral orthotic brace, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace body: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Lumbar Support.

Decision rationale: The patient presents with pain affecting the bilateral shoulders, low back with radiation down the bilateral lower extremities, and neck with radiation to the bilateral upper extremities. The current request is for LSO Brace body. The treating physician report dated 7/30/15 (68C) states; I am requesting authorization for a Lumbar Sacral Orthosis (LSO brace). The report goes on to state, by reducing pain and restoring function, it allows the patient to become active again and consequently, start an exercise program. A lumbar sacral orthosis is a treatment modality of low to moderate cost, non-invasive, preventive and allows functional restoration. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding lumbar supports: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low quality evidence, but may be a conservative option). In this case the patient presents with debilitating pain on the lower back and the treating physician is requesting an LSO in order to provide the patient relief of his symptoms restore functioning and allow him to start an exercise program. The current request is medically necessary.