

Case Number:	CM15-0171335		
Date Assigned:	09/11/2015	Date of Injury:	08/07/2012
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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: 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:

The injured worker is a 48 year old male, who sustained an industrial injury on August 7, 2012. The medical records indicate that the injured worker is undergoing treatment for a right chest contusion, right shoulder sprain-strain injury and contusion injury, myofascial pain syndrome and a right shoulder rotator cuff injury. The injured worker was working. Current documentation dated July 28, 2015 notes that the injured worker reported right shoulder pain that radiated to the right pectoral area of the chest. Objective findings included tenderness to palpation of the right shoulder with a painful range of motion. Motor strength was slightly decreased on the right side with abduction. Tenderness was also noted over the right pectoralis muscles. Treatment and evaluation to date has included medications, x-rays of the thoracic spine, urine drug screen (6-10-2015), MRI of the right shoulder, home exercise program and physical therapy, chiropractic treatments and acupuncture treatments which have not been very beneficial. The thoracic spine x-rays dated (6-9-2015) showed mild diffuse spondylosis. MRI of the right shoulder dated June of 2014 showed moderate to severe subacromial bursitis, mild tendinitis and a questionable superior labrum, anterior to posterior tear. Current medications include Mobic and Norco. The injured workers pain medication was noted to help with function and to control his pain. The treating physician's request for authorization dated July 28, 2015 requested a low back brace (rental or purchase) to help protect the injured workers back and avoid further injury. A Utilization Review dated August 4, 2015 non-certified the request for a low back brace (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back brace (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under lumbar supports.

Decision rationale: The current request is for a Low back brace (rental or purchase). The RFA is dated 07/28/15. Treatments to date has included medications, x-rays of the thoracic spine, urine drug screen (6-10-2015), MRI of the right shoulder, home exercise program, physical therapy, chiropractic treatments and acupuncture treatments. Work status: He can continue his current work. MTUS/ACOEM Guidelines page 301 under lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "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)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per report 06/09/15, the patient presents with right shoulder pain. There is a thoracic spine x-ray dated 06/09/15, which showed no spondylolisthesis, there is mild diffuse spondylosis. There is no examination of the back on this date. Examination from 06/09/15 revealed mid line tenderness to palpation of the thoracic spine. The treater recommended a low back brace to help protect his back and to avoid further injury. In this case, there are no subjective complaints, substantial examination findings or acute injury to warrant a back brace. This request is not medically necessary.