

Case Number:	CM15-0023563		
Date Assigned:	02/13/2015	Date of Injury:	01/12/2013
Decision Date:	06/11/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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 58 year old male, who sustained an industrial injury on 1/12/13. The injured worker has complaints of lower back pain. The diagnoses have included L4-5 disc degeneration; spinal stenosis, lumbar region, without neurogenic claudication and L4-S1 (sacroiliac) facet arthropathy. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 7/30/13; anaprox; robaxin; lumbar epidural steroid injection and valsartan-hydrochlorothiazide. The request was for postural shirt. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postural Shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, IntelliSkin posture garments.

Decision rationale: The 58 year old patient complains of pain the lower back, rated at 8/10 without medications and 4/10 with medications, as per progress report dated 01/16/15. The request is for POSTURAL SHIRT. No RFA could be found for this case but the UR denial letter states that the RFA was received on 01/20/15. The patient's date of injury is 01/12/13. Diagnoses, as per progress report dated 01/16/15, included L4-5 disc degeneration, severe lateral recess stenosis left L3-4, severe bilateral lateral recess and foraminal stenosis at L4-5, and left L3-4 moderately severe formanial stenosis. Medications included Anaprox, Robaxin and Valsartan. The patient is temporarily partially disabled and is on modified duty, as per the same progress report. ODG Guidelines, Lumbar Chapter under IntelliSkin posture garments states: Not recommended as a treatment for back pain. IntelliSkin posture garments conform to the back and shoulder as a second skin, intended to gradually reshape these areas for improved posture, athletic performance, and less back pain, according to marketing materials. There are no quality published studies to support these claims. In this case, the request for posture shirt is noted in progress report dated 01/16/15. The treater states that the postural shirt has been proven to support and enforce posture and joint alignment. This can be worn under t-shirts or other apparel he is required to wear at work and this can be worn daily. The treater hopes that this will help avoid exacerbation of pain and increasing medications to help accomplish his activities of daily living. ODG guidelines, however, do not support the use of postural garments. Hence, the request IS NOT medically necessary.