

Case Number:	CM15-0069670		
Date Assigned:	04/17/2015	Date of Injury:	05/16/2013
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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 58-year-old female, who sustained an industrial injury on May 16, 2013. She has reported headache, neck pain, back pain, shoulder pain, and foot pain. Diagnoses have included bilateral shoulder tendinitis, bilateral shoulder impingement, bilateral acromioclavicular cartilage disorder, bilateral subacromial subdeltoid bursitis, bilateral bicipital tendinitis, cervicgia, lumbago, Plantar Fasciitis, and multilevel cervical spine disc protrusion. Treatment to date has included medications, massage, chiropractic care that was noted to not be helpful, imaging studies, and diagnostic testing. A progress note dated March 4, 2015 indicates a chief complaint of cervical spine pain, lower back pain, bilateral foot pain, and bilateral shoulder pain. The treating physician documented a plan of care that included a functional capacity evaluation and lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The ACOEM Practice Guidelines state that 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.