

<b>Case Number:</b>	CM15-0075080		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Emergency 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 32-year-old male, who sustained an industrial injury on 1/7/14. He reported right shoulder back, right leg and right long finger. The injured worker was diagnosed as having right shoulder impingement syndrome, positive instability of right shoulder, lumbar strain, stenosis right A1 pulley long finger asymptomatic and cervical strain. Treatment to date has included physical therapy, home exercise program, NSAIDS, right shoulder arthroscopy and sling for right shoulder. Currently, the injured worker complains of right shoulder residual pain with motion gradually improving. Physical exam noted tenderness of anterior and posterior capsular area, slight tenderness of biceps and tenderness and spasm of rhomboids and paracervical areas. The treatment plan included request for additional physical therapy, NSAIDS for pain Lidoderm for pain and chiropractic treatment for cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested one lumbar support, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has right shoulder residual pain with motion gradually improving. Physical exam noted tenderness of anterior and posterior capsular area, slight tenderness of biceps and tenderness and spasm of rhomboids and paracervical areas. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, One lumbar support is not medically necessary.