

<b>Case Number:</b>	CM15-0097681		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 51 year old man sustained an industrial injury on 4/1/2004. The mechanism of injury is not detailed. Evaluations include undated shoulder MRI and x-rays, left knee MRI performed in 2008, left knee x-rays performed July 2014, lumbosacral MRI performed in 2012, electro-myogram, neck MRI dated 4/2012, with repeat 2012-2013. Diagnoses include discogenic lumbar condition, discogenic cervical condition, internal derangement of the left knee, trigger fracture of the left heel, depression, and right shoulder impingement syndrome. Treatment has included oral medications, trigger point injection, left knee injection, neck pillow, neck traction kit, and use of a cane. Physician notes dated 4/17/2015 show complaints of neck, low back, left knee, and right arm/shoulder pain. Recommendations include TENS unit with garment, DonJoy knee brace, hot and cold wrap, laboratory testing, urine drug screen, lumbar spine MRI, repeat nerve study, chiropractic treatment, fluoroscopic evaluation of the neck, fluoroscopic evaluation of the right shoulder, Naproxen, Effexor, Flexeril, Protonix, Tramadol ER, and follow up in five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back support/Back support insert purchase:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 4/1/2004. The medical records provided indicate the diagnosis of discogenic lumbar condition, discogenic cervical condition, internal derangement of the left knee, trigger fracture of the left heel, depression, and right shoulder impingement syndrome. Treatment has included oral medications, trigger point injection, left knee injection, neck pillow, neck traction kit, and use of a cane. The medical records provided for review do not indicate a medical necessity for Lumbar back support/Back support insert purchase. The MTUS does not recommend the use of Lumbar back support.