

Case Number:	CM15-0099813		
Date Assigned:	06/02/2015	Date of Injury:	03/26/1997
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female who sustained an industrial injury on 3/26/97 described as continuous trauma injury. In 1990 as she was reaching for something she felt a pop in her neck and back. She currently has pain in the left hand and neck. In addition there was some low back pain extending across the lumbosacral spine. Her pain level in the back is 5/10 with medications and 7/10 without medications. On physical exam the bilateral wrists are stable; there was tenderness on palpation across the neck with cervical decreased range of motion. There was decreased grip strength in both hands. In the lumbar spine there were bilateral paraspinal muscle spasms. Medications are Nucynta, Wellbutrin, gabapentin, Cymbalta. Diagnoses include status post cervical posterior/ anterior laminectomy fusion C6-T1; status post right 1st digit carpometacarpal replacement; carpal tunnel syndrome, status post-surgery release with recurrent carpal tunnel syndrome with right side worse than left side; upper extremity pain; neck pain; left and right shoulder injury arthroscopic frozen shoulder-recurring. Treatments to date include implanted spinal cord stimulator which is helpful but not enough; medications; cervical/ lumbar epidurals. In the progress note dated 3/13/15 the treating provider's plan of care includes lumbar brace-support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Back Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1997. Treatments have included a cervical spine laminectomy and fusion. She has a spinal cord stimulator. There was a non-antalgic gait. There was decreased cervical spine range of motion. There was no documented examination of the lumbar spine. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.