

Case Number:	CM13-0029616		
Date Assigned:	11/01/2013	Date of Injury:	10/02/2008
Decision Date:	10/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records, the patient is a 41 year old female who sustained an industrial injury on 10/02/2008. She was loading cases of milk onto a dolly, and when she tried to tip back and push the dolly, the right knee popped with acute pain. Treatment has included medications, right knee arthroscopies in 6/26/2009, 2010, and March 2011. She has treated for chronic right knee pain and left side low back pain since favoring right knee. Lumbar spine MRI dated 6/17/2013 reportedly demonstrated 1. L3-4 disc demonstrates 2mm posterior annular bulge. 2. L4-5 disc demonstrates a 3.7mm diffuse posterior annular bulge. Severe bilateral foraminal narrowing. 3. L5-S1 disc is narrowing, desiccated and demonstrates a 4.1mm diffuse posterior annular bulge with annular tear. According to the 9/3/2013 progress report, she is re-evaluated for right knee complaints and left side low back pain since favoring right knee. Exacerbating factors are prolonged sitting, prolonged standing and squatting, and elevating the leg is mitigating. Current medications are Norco 10/325mg bid pain, Naprosyn 500mg bid, and Carisoprodol bid prn. Physical examination indicates restricted right knee and low back ROM due to pain, tenderness to palpation of paraspinal muscles overlying L3-S1 facet joints and medial joint line. Extension is worse than flexion. McMurray's and Apley's tests are positive. Provocative tests are positive. She has lumbar spasms. Muscle stretch reflexes were not tested. Muscle strength is 5/5 in all limbs, there is antalgic gait favoring right knee. The diagnoses are right knee pain, bilateral lumbar facet joint pain L3-S1, lumbar facet joint arthropathy, right knee degenerative MMT, right knee internal derangement, right knee osteoarthritis, lumbar sprain/strain secondary to antalgic gait from knee injury, and asthma. Medications are refilled. A lumbar LSO back brace is also requested. Work status is TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: The patient sustained an industrial injury to the right knee in 2008. Her low back diagnoses are bilateral lumbar facet joint pain L3-S1, lumbar facet joint arthropathy, and lumbar sprain/strain secondary to antalgic gait from knee injury. According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar support is not recommended under the guidelines. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request for a lumbar LSO back brace is not medically necessary.