

Case Number:	CM13-0040949		
Date Assigned:	12/20/2013	Date of Injury:	10/02/2008
Decision Date:	02/11/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in INTERVENTIONAL SPINE 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 physician 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:

This is a 5'7", 175 lbs, 40 year-old female with a 10/2/08 industrial injury claim. She had history of prior right knee injury from 2002 with surgical repair, prior to her job as a delivery driver. She reports on 10/2/08 she was trying to tip and push a dolly and her right knee popped and she had immediate pain. She feels her lower back pain came on later due to altered gait mechanics. She had not worked since 10/2/08. She has been diagnosed with: positive bilateral L4/5, L5/S1 facet MBB; right knee pain; bilateral lumbar facet joint pain; lumbar facet arthropathy; right knee degenerative medial meniscal tear; right knee internal derangement; right knee OA; lumbar strain secondary to antalgic gait from knee injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back LSO Back Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

Decision rationale: The Physician Reviewer's decision rationale: The patient's lower back pain is reported to have come on gradually from altered gait from her right knee injury on 10/2/08. The medical records show the patient has not returned to work since 10/2/08. While MTUS/ACOEM may recommend corsets for prevention in the occupational setting, this patient has not returned to work. The patient is no longer in the acute phase of care. MTUS/ACOEM guidelines state "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief". The use of the lumbar support brace is not in accordance with MTUS/ACOEM topic guidelines.