

Case Number:	CM14-0061686		
Date Assigned:	07/14/2014	Date of Injury:	03/27/2013
Decision Date:	09/15/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 56-year-old individual was reportedly injured on 3/27/2013. The mechanism of injury was noted as repetitive standing and walking. The most recent progress note, dated 3/17/2014, indicated that there were ongoing complaints of low back and bilateral knees pains. The physical examination demonstrated lumbar spine trigger points palpated in the quadratus lumborum bilaterally. There was good range of motion. Decreased muscle strength noted in the bilateral lower extremities. Decreased sensation to light touch noted in the right calf medial and lateral right leg and dorsum of the foot. Reflexes 1+ bilaterally with positive sacroiliac (SI) joint compression test and positive slump test. Diagnostic imaging studies included recent magnetic resonance imaging (MRIs) of bilateral knees on 3/14/2014, which revealed patellofemoral osteoarthritis bilaterally. MRI of the lumbar spine, dated 3/12/2014, revealed disc protrusion at L2-S1, facet hypertrophy at L3-S1, and L4-S1 neural foraminal narrowing. Previous treatment included modified duty, physical therapy, home exercises, shoe inserts, and ibuprofen. A request had been made for a back brace and was not certified in the pre-authorization process on 5/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (www.odgtreatment.com), (www.worklosdata.com).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM treatment guidelines do not support the use of a lumbar-sacral orthosis (LSO) or other lumbar support devices for the treatment or prevention of low back pain, except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.