

Case Number:	CM14-0141758		
Date Assigned:	09/10/2014	Date of Injury:	10/31/2012
Decision Date:	07/01/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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: California

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 was a 34-year-old male, who sustained an industrial injury, October 31, 2012. The injured worker previously received the following treatments lumbar spine MRI, right knee x-ray negative, right knee MRI showed posterior horn of the medial meniscus representing a tear and lateral meniscus representing a tear. The injured worker was diagnosed with lumbar radiculopathy and right knee internal derangement. According to progress note of July 23, 2014, the injured workers chief complaint was right knee and low back pain. The low back pain radiated down the back of the right leg and calf. There was cramping and numbness with walking. The injured worker was feeling weakness while walking, as if the leg was going to collapse. The physical exam noted lumbar spine tenderness with palpation. There was decreased range of motion in the lumbar spine, flexion of 30 degrees, extension of 20 degrees and lateral bending of 15 degrees. In the treating physician's progress note, the physician was requesting a right knee brace for support. The treatment plan included a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 298, 301.

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

Decision rationale: Regarding the request for lumbar spine brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patients' chronic injury. In the absence of such documentation, the currently requested lumbar spine brace is not medically necessary.