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| Case Number: | CM15-0002538 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 07/26/1994 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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: Maryland

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

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 female patient, who sustained an industrial injury on 07/26/1994. An office visit follow up dated 12/23/2014 reported subjective complaints of chronic right knee pain rating 10 out of 10 in intensity. The pain is noted slightly improved with placement of spinal cord stimulator, but worsens with activity. She does utilize a wheelchair and continues to wear both a lumbar and a right knee brace. In addition, she receives home care 3 days a week. she is prescribed the following medications; ketamine cream, Diclofenac, Naproxen, Pantoprazole, Colace, Baclofen, Venlafaxine and Norco. Her surgical history showed having had undergone two right knee surgeries and resulting in having complex regional pain syndrome. She is diagnosed with Dystrophy reflex sympathetic lower right extremity and chronic pain syndrome. The patient is permanent and stationary with permanent disability. On 01/05/2015 Utilization Review non-certified a request for diagnostic medical equipment, lumbar back brace. On 01/06/2015 IMR application was received. A 1/6/15 physician appeal states that the patient has a lumbar brace which is worn out and she needs a new one for support and to decrease her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase: Lumbar Back Brace As An Outpatient: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 & 298;301.

Decision rationale: DME Purchase: Lumbar Back Brace as an outpatient not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation states that the lumbar back brace was requested to provide more support of the low back. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The request for a lumbar back brace as an outpatient is not medically necessary.