

Case Number:	CM15-0007523		
Date Assigned:	01/26/2015	Date of Injury:	07/24/2014
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 33 year old male injured worker suffered and industrial injury on 7/24/2014. The diagnoses were lumbago, lumbar strain/sprain, localized osteoarthritis of the lower leg, and sprain/strain of leg and knee, lumbar disc protrusion, spinal stenosis, and spondylosis. The diagnostics were magnetic resonance imaging of the knee. The treatments were medications and physical therapy. The treating provider reported lumbar pain radiating to the left leg, described as 8/10 level and left knee pain. The exam revealed lumbar tenderness and hypertonicity of the lumbar muscles, and reduced range of motion. The knee was tender diminished sensation along with impaired gait. The Utilization Review Determination on 12/29/2014 non-certified Lumbar Support brace, citing Official Disability Guidelines, lumbar supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Support brace for the lumbar spine 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 Lumbar Support

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back section, Lumbar braces

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar support brace for the lumbar spine is not medically necessary. The guidelines state lumbosacral supports are not shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing that can back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). In this case, the injured worker's working diagnoses are lumbago; lumbar spine sprain/strain; lumbar disc protrusion; spinal stenosis; spondylolisthesis; left knee sprain/strain; and left knee OA. Subjectively, the injured worker complains of headache, continuous low back pain and left knee pain. Low back pain radiates to the left leg numbness and tingling. Pain is rated 8/10. Objectively, the injured worker limps and uses crutches. There is tenderness of the lumbar spine with hypertonicity of the paravertebral muscles bilaterally. There was no documentation of lumbar instability. The injured worker was not taking any medications at this time. An LSO was requested to help restore function and stabilize the joints and improve the patient's ADLs and to prevent further injury to the soft tissue. Lumbosacral supports are not shown to have lasting benefits beyond the acute phase of symptom relief. Additionally, lumbar supports are not recommended for prevention. Consequently, absent compelling clinical documentation to support a lumbar brace in contravention of the recommended guidelines, lumbar support brace of lumbar spine is not medically necessary.