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| Case Number: | CM15-0137682 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 09/10/2014 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 57 year old female sustained an industrial injury to the right knee and low back knee on 9/10/14. Magnetic resonance imaging lumbar spine (4/23/15) showed advanced degenerative disease at L5-S1 with instability and moderate facet hypertrophy with a small protrusion at L4-5. Previous treatment included physical therapy, right knee brace, home exercise and medications. In a visit note dated 6/4/15, the injured worker complained of ongoing back pain with radiation to bilateral lower extremities associated with muscle spasms as well as increased right knee pain, swelling and stiffness. The injured worker also reported that she had been having problems with the left hip and groin area. The injured worker rated her pain 8/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with palpable trigger points, positive Patrick's, sacroiliac joint compression and slump tests and decreased range of motion, bilateral lower extremity with decreased strength and sensation and bilateral knees with effusions, weakness, positive bilateral McMurray's and patella compression tests and right Lachman test. Current diagnoses included lumbar spine radiculitis, sciatica, lumbar spine sprain/strain, internal derangement of the right knee and anterior cruciate ligament sprain/strain. The treatment plan included an orthopedic spine surgeon referral, a Spinal Q brace, a second opinion for the right knee and medications (Tizanidine and Lyrica).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Spinal Q brace for the lumbar spine: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for purchase of spinal Q brace for the lumbar spine is determined to not be medically necessary.