

Case Number:	CM15-0160132		
Date Assigned:	08/26/2015	Date of Injury:	03/07/2012
Decision Date:	09/29/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 56-year-old female who sustained an industrial injury on March 7, 2012 resulting in bilateral ankle pain, right knee pain, and low back pain radiating to her bilateral lower extremities. Diagnoses have included lumbar sprain or strain and bilateral ankle sprain. In addition, Physician Progress Report of July 10, 2015 references MRI results of foraminal stenosis L4-5. Use of medication is documented as treatment. The injured worker continues to present with constant low back pain radiating to both legs and she reports that her legs sometimes "give away." The treating physician's plan of care includes a walker and lumbar support. As of July 2015, the injured worker is noted to remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The requested Walker is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG) - Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note that these devices are recommended with evidence of significant knee osteoarthritis, knee joint instability of other demonstrated ambulatory dysfunction. The injured worker has constant low back pain radiating to both legs and she reports that her legs sometimes "give away." The treating physician has not documented evidence of the above-referenced criteria. The criteria noted above not having been met, Walker is not medically necessary.

Lumbar Support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Lumbar Support is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has constant low back pain radiating to both legs and she reports that her legs sometimes "give away." The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar Support is not medically necessary.