

Case Number:	CM15-0198617		
Date Assigned:	10/14/2015	Date of Injury:	05/16/1997
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts

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 is a 53 year old female, who sustained an industrial injury on 5-16-1997. The injured worker is being treated for failed surgical back with left radiculopathy, left foot drop, right knee internal derangement and fracture left ankle compensable consequence leg buckling. Treatment to date has included bracing and medications. Per the Primary Treating Physician's Progress Report dated 8-25-2015, the injured worker presented for refills of medications due to increasing pain. She reported an acute flare up of her low back, leg and knee pain. She reported that the Baclofen 10mg has not been helping. Her left lower extremity brace has not been working properly lately. Objective findings included tenderness throughout the lumbar musculature with mild to moderate spasms present. Range of motion of the lumbar spine is decreased in all fields with increased pain with movement. The right knee shows moderate tenderness in the medial and lateral compartments with decreased range of motion of 120-150 in flexion. There was increased pain with movement and she is unable to do a squat. Work status was permanent and stationary. The plan of care included, and authorization was requested on 8- 25-2015 for new brace-lower extremity as well as fitting, computed tomography (CT) scan of the lumbar spine, Baclofen 20mg #60, Lyrica 150mg #60, and vitamin K2 100mg #10. On 9-14- 2015, Utilization Review non-certified the request for left lower extremity brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lower extremity brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Ankle foot orthosis (AFO).

Decision rationale: The claimant has a remote history of a work injury occurring in May 1997 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In March 2015, she had recently fallen and fractured her left ankle. In May 2015, she was using a walker. In June 2015, she was participating in aquatic therapy. When seen in August 2015, she had run out of medication. She was having an acute flare-up of low back, leg, and knee pain. She had a left lower extremity brace that was not working properly. Physical examination findings included decreased and painful lumbar spine range of motion with mild to moderate muscle spasms and tenderness. There was moderate right knee tenderness with decreased range of motion and pain. Authorization was requested for medications, a new left lower extremity brace, and for a CT scan of the lumbar spine. The claimant has diagnoses that include left foot drop. An ankle foot orthosis (AFO) is recommended as an option for foot drop. In this case, the claimant is already using a brace. However, the type of brace and reason it is no longer working properly is not adequately described. Repair or refurbishing would need to be considered prior to replacement. The request that was submitted cannot be accepted as being medically necessary.