

Case Number:	CM15-0206065		
Date Assigned:	10/22/2015	Date of Injury:	07/27/1976
Decision Date:	12/07/2015	UR Denial Date:	10/11/2015
Priority:	Standard	Application Received:	10/20/2015

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, South Carolina

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

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 66 year old male, who sustained an industrial injury on 7-26-76. The injured worker was being treated for chronic pain syndrome, failed back syndrome, and osteoarthritis of knee. On 9-15-15, the injured worker complained of constant, throbbing pain running down the back of both legs regardless of body position with numbness in bottoms of both feet; he is extremely limited in his ability to perform activities of daily living due to pain level. Work status is noted to be disabled. Physical exam performed on 9-15-15 revealed no abnormalities. Treatment to date has included lumbar fusion, physical therapy, oral medications including Morphine IR, Cymbalta, gabapentin; and activity modifications. The treatment plan dated 9-15-15 requested a knee brace and on 5-19-15, a request for MRI of lumbar spine was submitted. On 10-11-15, request for knee brace and MRI of lumbar spine was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic), Knee Brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The CA MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of a condition/diagnosis for which a knee brace is indicated (such as: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture), as criteria necessary to support the medical necessity of a knee brace. ODG states that a custom-fabricated knee brace may be appropriate with severe osteoarthritis. According to the most recent treating physician notes for the injured worker, although there is history of osteoarthritis of the knee, there is no indication of severity. In addition, there are no other specific diagnoses or physical exam findings that would indicate the use of a knee brace. Therefore, the request for knee brace is not medically necessary and appropriate.

1 MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS is silent on the issue of MRI for the lumbar spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are undergoing evaluation. The cited ODG states that MRI's are not recommended for uncomplicated low back pain with radiculopathy, until at least one month of conservative therapy has been completed; sooner if a severe or progressive neurologic deficit is present. Repeat MRI is indicated when there is a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this injured worker, he has had a previous MRI of the lumbar spine with continued stable exam findings, and no demonstrated red-flag diagnoses, or documented progressive neurologic deficits. Therefore, the request for repeat MRI of the lumbar spine with contrast is not medically necessary and appropriate at this time.