

Case Number:	CM15-0210050		
Date Assigned:	10/28/2015	Date of Injury:	05/19/2011
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on 5-19-11. A review of the medical records indicates he is undergoing treatment for status post right knee surgery for anterior cruciate ligament repair with medial meniscus debridement, right knee pain, lumbosacral sprain and strain, lumbosacral muscle spasm, and lumbar disc disease. Medical records (9-22-15) indicate complaints of back pain, rating "7 out of 10" and right knee pain, rating "4 out of 10". He describes his pain as "dull". The physical exam reveals "mild" tenderness to palpation over the right medial knee. Full range of motion is noted. The lumbosacral area has "mild" tenderness to palpation over the lumbosacral area with pain on "full" range of motion. The straight leg raise is negative bilaterally. Diagnostic studies have included x-rays of the neck and lumbar spine and MRIs of the lumbar spine and right knee. Treatment has included physical therapy, medications, acupuncture, physiotherapy, and a back brace. The 3-16-15 agreed medical evaluation indicates that a back brace was provided, initially, after injury. He is not working. The utilization review (10-15-15) includes a request for authorization of a lumbar support brace. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar support brace: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, (updated 09/22/15) Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Lumbar Supports.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for One Lumbar support brace. The treating physician states in the report dated 9/22/15; we are requesting authorization for a lumbar support due to the patient's history of chronic back pain, assistance with his range of motion and for lumbosacral support. (7C) The ODG Guidelines state, Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. In this case, the treating physician has documented that the patient is in need of stability and has lower back pain. The current request is medically necessary.