

Case Number:	CM15-0221956		
Date Assigned:	11/17/2015	Date of Injury:	01/29/2014
Decision Date:	12/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/11/2015

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: 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 47 year old female, who sustained an industrial injury on 01-29-2014. She has reported injury to the low back and bilateral knees. The diagnoses have included right medial tear; left knee medial meniscal tear; lumbar discopathy; lumbar radiculitis; and lumbar facet syndrome. Treatment to date has included medications, diagnostics, activity modifications, rest, and physical therapy. Medications have included Ibuprofen, Tylenol #3, Naprosyn, Diclofenac, Protonix, and Flexeril. A progress report from the treating physician, dated 08-26-2015, documented an evaluation with the injured worker. The injured worker reported that "she is not improving"; she is complaining of lower back and right knee pain; her pain on a visual analogue scale is rated at 6-7 out of 10 in intensity; and she states that she is seeing another provider for the lumbar spine. Objective findings included there is tenderness to palpation over the right sacroiliac joint at the level of L3-S1 as well as the interspinous spaces; there is muscle guarding on the right side; there is tenderness at the bilateral medial joint compartments at the knees; there is retropatellar pain with patellar compression bilaterally, slightly more pronounced on the right; and sensory evaluation of the lower extremities is unremarkable. The treatment plan has included the request for lumbar brace x1. The original utilization review, dated 10-05-2015, non-certified the request for lumbar brace x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace x1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) updated 9/22/15 Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Lumbar Supports.

Decision rationale: The patient presents on 08/26/15 with lower back and right knee pain rated 6-7/10. The patient's date of injury is 01/29/14. The request is for LUMBAR BRACE X1. The RFA is dated 09/30/15. Physical examination dated 08/26/15 reveals tenderness to palpation over the right SI joint and L3-S1 interspinous spaces with muscle guarding noted, tenderness to the bilateral knee medial joint compartments, retropatellar pain with patellar compression bilaterally (right greater than left). The patient's current medication regimen is not provided. Patient is currently advised to return to work with modified duties. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 12, page 301 on lumbar bracing states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines, Low Back chapter under Lumbar Supports states: Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain: very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low grade evidence for this treatment modality. This patient presents lower back pain without a history of surgical intervention; there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request IS NOT medically necessary.