

Case Number:	CM15-0059664		
Date Assigned:	04/06/2015	Date of Injury:	01/13/2006
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 1/13/2006. Diagnoses include long term use meds neck and pain in joint lower leg. Treatment to date has included surgical intervention (total knee arthroplasty-undated), physical therapy, medications, consultations and diagnostics including x-rays and magnetic resonance imaging (MRI). Per the Primary Treating Physician's Progress Report dated 3/02/2015, the injured worker reported chronic right knee pain. Physical examination revealed an antalgic gait. He uses a cane for assistance with ambulation. The plan of care included possible manipulation under anesthesia. Authorization was requested on 3/09/2015, for a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Lumbar Support.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar back brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured workers working diagnoses are long-term use of medications; and pain joint lower leg. The date of injury was January 13, 2006 (nine years prior). A February 20, 2015 progress note shows the lumbar back brace ordered after a phone conference between patient and treating provider for medication refills. There was no office visit, no lumbar spine x-rays, no subjective complaints of back pain documented in the medical record. Subsequent progress notes referenced prior knee surgery issues, but no back complaints. There is no clinical indication or rationale for the lumbar back brace. Additionally, lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports. Lumbar supports are not recommended for prevention. Consequently, absent compelling clinical documentation to support the use of a lumbar back brace associated with guideline non-recommendations, lumbar back brace is not medically necessary.