

Case Number:	CM15-0080866		
Date Assigned:	05/01/2015	Date of Injury:	12/14/2002
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 53 year old male sustained an industrial injury to the low back and bilateral knees on 12/14/02. Previous treatment included magnetic resonance imaging, bilateral total knee replacement, physical therapy, psychiatric care, epidural steroid injections, trigger point injections and medications. In a progress note dated 3/17/15, the injured worker complained of ongoing pain to his back and legs. Current diagnoses included status post bilateral total knee replacements, lumbar spine radiculopathy and depression. The treatment plan included ultrasound guided caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Orthosis x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 298, 301.

Decision rationale: The injured worker sustained a work related injury on 12/14/02. The medical records provided indicate the diagnosis of status post bilateral total knee replacements, lumbar spine radiculopathy and depression. Treatments have included bilateral total knee replacement, physical therapy, psychiatric care, epidural steroid injections, trigger point injections and medications. The medical records provided for review do not indicate a medical necessity for Lumbar Orthosis x1. The MTUS does not recommend the use of lumbar support (orthosis). The request is not medically necessary.