MAXIMUS Federal Services

Case Number:	CM14-0125883		
Date Assigned:	09/24/2014	Date of Injury:	04/24/1999
Decision Date:	10/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male claimant with an industrial injury dated 04/24/99. An exam note 07/02/14 states the patient returns with back and neck pain. Upon physical exam the patient had a positive Spurling sign test. The patient had no gross weakness or motor deficits. He did complain of numbness and tingling in the thumb and index finger upon examination. The patient had decreased range of motion in the lumbar spine and a positive straight leg raise at 90' sitting. The patient states there is pain in the L3-4 dermatome in the right leg. MRI of the lumbar spine reveals a fusion at L4-S1 with adjacent segment degenerative disc disease and disc bulge at L3-4. There are mild degenerative changes above the prior fusion but no significant foraminal or central stenosis other than at L3-4. Diagnosis is noted as adjacent level stenosis at L3-4, remote fusion at L4-5 and L5-S1, cervical radiculopathy worsening, cervical disc protrusion at C4-5. C5-6 and C6-7, and right upper extremity radiculopathy. The treatment includes Elasto-Gel braces for the neck, lumbar spine, and right knee to aid in pain relief and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Elasto-Gel Braces for the Neck Lumbar Spine and Right Knee -outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM https://www.acoempracguides.org/lowback,

https://www.acoempracguides.org/kneedisordershttps://www.acoempracguides.org/cercuvakabdthoracicspine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 340, 301, 175, 340.

Decision rationale: The California MTUS ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. Exam note from 7/2/14 demonstrates the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate. The California MTUS ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Therefore the request does not meet recommended guidelines and determination is for non-certification. The California MTUS ACOEM Chapter 8, Neck and Upper Back Complaints, page 175 states that cervical collars have not been shown to have any lasting benefit except for comfort in first few days of clinical course in severe cases. It states that Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities. In this case the exam notes from 7/2/14 do not demonstrate an acute neck sprain or strain. Therefore determination is for not medically necessary.