

Case Number:	CM15-0115154		
Date Assigned:	06/26/2015	Date of Injury:	03/08/2011
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old man sustained an industrial injury on 3/8/2011 after being crushed between a jack and a ballard. Diagnoses include lumbar discogenic syndrome, knee pain, reflex sympathetic dystrophy, and obesity. Treatment has included oral medications, injection therapy, and surgical intervention. Physician notes dated 3/23/2015 show complaints of backache rated 5/10 with radicular leg pain and increasing right knee pain. Recommendations include weight loss, lumbar epidural steroid injection, undisclosed treatment for knee pathology including possible surgical intervention, Protonix, Vitamin D, Colace, Senakot, Celebrex, Norco, sympathetic blocks, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Townsend left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee brace. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Knee brace is recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb; b. Varus [bow-legged] limb; c. Tibial varum; d. Disproportionate thigh and calf (e.g., large thigh and small calf); e. Minimal muscle mass on which to suspend a brace; 2. Skin changes, such as: a. Excessive redundant soft skin; b. Thin skin with risk of breakdown (e.g., chronic steroid use); 3. Severe osteoarthritis (grade III or IV); 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain); 5. Severe instability as noted on physical examination of knee. There is no clear and recent documentation of knee instability or ligament damage avascular necrosis or any other indication for knee brace. Therefore, the request for Townsend left knee brace is not medically necessary.

Heating pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient who was suffering from a chronic back pain. Hot and Cold therapy is usually approved during the acute post op setting to treat post op inflammatory swelling. In addition, there is no controlled studies supporting the

use of hot/cold therapy in chronic back pain. Therefore, the request for heating pad is not medically necessary.

Pain management referral for lumbar spine epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Pain management referral for lumbar spine epidural injection is not medically necessary.