

Case Number:	CM15-0117450		
Date Assigned:	06/25/2015	Date of Injury:	03/04/2011
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/18/2015

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:

The injured worker is a 69 year old female who sustained an industrial injury on 03/04/2011 when she fell out of a chair. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and knee pain. The injured worker is status post arthroscopy with right meniscus repair in December 2011 and right arthroscopy knee surgery in January 2013 (no procedure documented). Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program, pain coping skills sessions, left sacroiliac (SI) joint injections, H wave therapy, knee support brace and medications. According to the primary treating physician's progress report on May 20, 2015, the injured worker continues to experience low back pain that radiates to the bilateral lower extremities and bilateral knee pain. The injured worker rates her pain level at 5/10 with medications and 9/10 without medications. Evaluation noted a slow gait assisted by a cane with a right sided push off antalgic gait. Examination of the lumbar spine demonstrated range of motion decreased secondary to pain. There was tenderness to palpation of the paravertebral muscles and tight muscle band on both sides directly over the left sacroiliac (SI) joint. Lumbar facet loading was negative bilaterally. Internal rotation of the femur elicited deep buttock pain. Straight leg raise was positive on the right side in the sitting position at 10 degrees. Ankle and patellar jerk was noted at 1/4 bilaterally. Tenderness of the sacroiliac spine was worse on the left low back into the hip. Left hip range of motion was intact with tenderness over the sacroiliac joint and trochanter. Faber's and Gaenslen's tests were positive. Motor strength was decreased on the right lower extremity and normal on the left. Light touch sensation was decreased on the right side. Current medications are listed as Cymbalta,

Silenor, Celebrex, and Gabapentin, Clonidine Patches 0.1mg/day and 0.3mg/day, and Famotidine. Treatment plan consists of the current request for a Quinn Sleep-APL lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn Sleep-APL lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 300.

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

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Quinn Sleep-APL lumbar brace is not medically necessary.