

Case Number:	CM15-0125411		
Date Assigned:	07/09/2015	Date of Injury:	08/31/2010
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 64 year old male who sustained an industrial injury on 08/31/2010. He reported gunshot wounds to both shoulders and the back. The injured worker was diagnosed as having cervical spine sprain/strain; multilevel posterior disc extrusion 2-3 mm from C2-3 and throughout C6-7; Lumbar spine strain with radicular complaints. Treatment to date has included a back brace for the low back. Currently, the injured worker complains of intermittent moderate neck and low pain rated 7/10. The pain is increased by prolonged sitting. On exam, the cervical spine has tenderness to palpation around the paracervical and trapezius muscle with restricted range of motion due to pain. The lumbar spine has increased tone and tenderness around the paralumbar musculature with tenderness to palpation and muscle spasm at the midline thoracolumbar junction and over the level of L5-S1. There is restricted range of motion due to pain. Sensation is normal. Deep tendon reflexes are diminished at the left patellar and absent at the Achilles bilaterally. MRI of the lumbar spine without contrast shows disc extrusions at T12-L1-2 with mild central canal stenosis. There are posterior disc bulges at L2-3, L4-5, and L5-S1 with contact of the bilateral S1 nerve roots with the disc material at L5-S1. There is minimal partial effacement of the right L4 dorsal root ganglion by hypertrophied right facet joint. In the lower extremities, the worker ambulates normally and without a limp. Heel and toe tests are normal; the worker is able to squat fully. Medications include Ibuprofen, and Hydrocodone. Treatment plans include medications, and a lumbar steroid epidural at the level of L5-S1. A request for authorization is also made for the following: 1. Left Knee Brace Purchase, and 2. Low Back Brace Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Brace Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Bracing, page 339-340.

Decision rationale: Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful un-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active functional knee brace compared to the off-the-shelf type, in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this active knee brace. The unspecified Left Knee Brace Purchase is not medically necessary and appropriate.

Low Back Brace Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Lumbar brace, page 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372.

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been

shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Low Back Brace Purchase is not medically necessary and appropriate.