

Case Number:	CM15-0125871		
Date Assigned:	07/10/2015	Date of Injury:	03/12/2015
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 37-year-old male, who sustained an industrial injury on March 12, 2015. The injured worker reported low back, right hip and right knee injury. The injured worker was diagnosed as having low back pain, lumbar strain/sprain, rule out lumbar radiculopathy and right knee strain/sprain. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, injection and medication. A progress note dated April 7, 2015 provides the injured worker complains of headaches, low back pain radiating to the right hip and both legs with numbness and tingling. He rates the back pain 8-9/10. He also has right knee pain rated 7/10 and radiating to the foot with numbness and tingling. Physical exam notes lumbar tenderness with painful decreased range of motion (ROM) and an antalgic gait. The right knee is tender on palpation with decreased range of motion (ROM) and positive Apley's and patella grinding test. The plan includes lumbar sacral orthosis (LSO) brace and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medium LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 298, 301, 340, respectively.

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

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary