

Case Number:	CM15-0127249		
Date Assigned:	07/13/2015	Date of Injury:	07/26/2012
Decision Date:	08/07/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/01/2015

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 54 year old female patient who sustained an industrial injury on 07/26/2012. A recent primary follow up visit dated 06/16/2015 reported lumbar pain that radiates into right knee accompanied by numbness/spasm into bilateral feet. Current medications were: Omeprazole, Flexeril, Neurontin 600mg TID, Voltaren gel, and Menthoderm gel. There is recommendation for the patient to utilize a knee brace, and back brace. The following diagnoses were applied: myofascial pain syndrome, cervical/lumbar strain/sprain, right knee pain, right cervical radiculopathy, and right lumbosacral radiculopathy. There has been recommendation to undergo nerve conduction study of bilateral upper extremities, which was noted with denial. There was also note of epidural injections with denial as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace per 6/16/15 order: Upheld

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

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 and is status post-lumbar laminectomy. 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.

Knee Brace per 6/16/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening; Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed; Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does not have a diagnosis that support knee bracing per the ACOEM or the ODG. Therefore, the request does not meet guideline recommendations and is not medically necessary.