

Case Number:	CM15-0129151		
Date Assigned:	07/15/2015	Date of Injury:	07/24/2013
Decision Date:	08/14/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California

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:

This is a 43 year old male patient who sustained an industrial injury to the left knee and low back on 7/24/13. Current diagnoses included lumbar spine spondylosis, lumbar facet arthropathy, lumbar radicular syndrome and chronic knee pain. Per the doctor's note dated 6/25/2015, he had complains of left knee pain and lumbar spine pain. The physical examination revealed left knee-medial joint line tenderness, mild effusion and range of motion- flexion 120 and extension 0 degree. Per the progress note dated 3/9/15, he had complaints of low back pain rated 5/10 on the visual analog scale with radiation to bilateral legs. He reported 30 to 50% relief of pain following epidural steroid injection on 2/26/15. Physical examination revealed tenderness to palpation to the lumbar facets with decreased and painful range of motion. The medications list includes tylenol, xarelto, tramadol, diclofenac, norco, ketorolac and restoril. He has had MRI left knee arthrogram dated 8/5/2015; Magnetic resonance imaging lumbar spine dated 1/8/15 which showed anterolisthesis of L5 to S1 secondary to bilateral L5 pars defect with bilateral foraminal narrowing at L5-S1 and mild discogenic disease at L4-5; Lumbar spine and hip x-rays dated 12/16/14 with normal findings. He has undergone left knee partial medial and lateral meniscectomy on 11/26/14. He has had radiofrequency ablation, epidural steroid injections, knee brace and physical therapy visits for this injury. On 5/14/15, a request for authorization was submitted for a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizon back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Horizon back brace, per the ACOEM guidelines "There is no evidence for the effectiveness of lumbar supports." Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The Horizon back brace is not medically necessary for this patient.