

<b>Case Number:</b>	CM15-0072216		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old man sustained an industrial injury on 4/1/2004. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 11/20/2013, left knee MRI performed in December of 2007 and 2008, standing knee x-rays performed in 2014 and 2015. Diagnoses include bilateral internal knee derangement, right wrist sprain, discogenic lumbar condition, chronic pain, and sleep issues. Treatment has included oral medications, injection, four lead TENS unit, and surgical intervention. Physician notes dated 3/31/2015 show complaints of right wrist and bilateral knee pain. Recommendations include LidoPro patches, Hyalgan injections, DonJoy back brace, referral to physiatry, hot and cold wrap, four lead TENS garment, TENS pads, two knee braces, Nalfon, Neurontin, Tramadol ER, Protonix, Naproxen, Flexeril, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back support and back support insert:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 138-139.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain including chronic low back pain. When seen, there had been no new injury. An MRI of the lumbar spine in November 2013 is referenced as showing multilevel disc degeneration and electrodiagnostic testing had been negative. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support with insert was therefore not medically necessary.