

Case Number:	CM15-0078051		
Date Assigned:	04/29/2015	Date of Injury:	03/21/2007
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 36 year old male who sustained an industrial injury on 03/21/07. Initial complaints and diagnoses are not available. Treatments to date include medication and left knee surgery. Diagnostic studies are not addressed. Current complaints include ongoing left knee pain, and associated low back, and left hip pain. Current diagnoses include left knee internal derangement, left knee chondromalacia of patella, myofascial pain syndrome, left knee pain, depression/anxiety, and flare-up of low back and left knee pain. In a progress note dated 03/13/15 the treating provider reports the plan of care as medications including Amrix, Tylenol #3, Voltaren gel, Prilosec, and use of a TENS unit and back brace. The requested treatment is a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar support.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, DME: back brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured workers working diagnoses or left the internal derangement; History left knee anterior cruciate ligament tear with medial and lateral meniscal repair; status post arthroscopic surgery; left knee chondromalacia; myofascial pain syndrome; left knee pain; depression and anxiety; and flare up of low back pain and left knee pain. The treatment plan in a March 13, 2015 progress note states he recommends a back brace on an as needed basis for flareups of back pain to avoid further injury. Subjectively, the injured worker complains of some low back pain. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for preventing back pain or exacerbations of back pain, DME: back brace is not medically necessary.