

<b>Case Number:</b>	CM13-0021588		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient reported an injury on 05/07/2013. The patient was recently seen by [REDACTED] on 08/12/2013. The patient reported bilateral hip pain with radiation to the lateral aspect of the thigh. Physical examination revealed normal gait, normal range of motion, negative straight leg rising, and intact sensation. The patient is diagnosed with bilateral trochanteric bursitis, normal bilateral hip examination, and musculoligamentous low back pain, resolved. Treatment recommendations included a local anesthetic injection into bilateral trochanteric bursae.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of Kronos Pneumatic Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Office Disability Guidelines (ODG), Low Back Chapter Lumbar Supports.

**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 Chapter, Lumbar supports.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official

Disability Guidelines state lumbar supports are not recommended for prevention, but are recommended as a treatment option. As per the clinical notes submitted, there is no evidence of spondylolisthesis, compression fracture, or documented instability that would warrant the need for a lumbar support. As there is low quality evidence to support the use of back braces for nonspecific chronic low back pain, the current request cannot be determined as medically appropriate. The medical necessity has not been established. Therefore, the request is non-certified.