

Case Number:	CM13-0054788		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2002
Decision Date:	03/17/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 is a 53-year-old female with date of injury on 08/26/2002. The progress report dated 09/30/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Two-level mechanical instability, (2) Lumbar degenerative disk disease, (3) Status post hybrid surgery at L4-L5 and fusion at L5-S1. The patient continues with significant low back pain with radicular symptoms into the lower extremity which side was not indicated. Physical exam findings included tenderness to palpation over the paraspinal musculature. There is restricted range of motion with guarding secondary to pain. A recommendation was made for the patient to receive a Kronos low back brace to offer rigid anterior and posterior as well as lateral support to improve the patient's stabilization. The Utilization Review letter dated 11/13/2013 issued non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos low back brace: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)

ODG-TWC guidelines has the following regarding lumbar supports: (http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)

Decision rationale: The patient continues with significant low back pain with radicular symptoms into the lower extremities. The patient has recently undergone an epidural steroid injection, which helped with some of the radicular symptoms. It was also noted that the patient was struggling with activities of daily living, due to increased pain with range of motion, and had gained approximately 70 pounds since her surgery. The MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient's date of injury is on 08/26/2002. The Utilization Review letter dated 11/13/2013 denied the request stating, "ongoing use of lumbar supports at this point in time is not recommended by ACOEM guidelines", and "ongoing use of pneumatic lumbar support would not facilitate maintenance of appropriate levels of activity of home exercise." The Official Disability Guidelines provide a specific discussion regarding the use of lumbar bracing following fusion surgery and states that it is under study. However, post-fusion bracing to aid with bone fusion is no longer necessary due to the instrumentations used in surgery. In this patient, lumbar bracing is not requested for post-operative management. It is requested for chronic pain. For chronic back pain, there is no support for the lumbar bracing per the ACOEM and ODG guidelines. Recommendation is for denial.