

<b>Case Number:</b>	CM13-0064579		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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 has submitted a claim for carpal tunnel syndrome, bilateral associated with an industrial injury date of 07/01/2011. Treatment to date has included right carpal tunnel release on 10/18/2013, physical therapy, and medications including Norco and Prilosec. Medical records from 2013 were reviewed showing that patient complained of right wrist pain graded 4/10, and left wrist pain graded 6/10. Inspection of the hand and wrist showed good wound healing without signs of infection following carpal tunnel release on 10/18/2013. The most recent note, dated 01/25/2014, showed that patient had an episode of altered loss of consciousness with decreased oxygen saturation at 91%. Progress notes were handwritten and somewhat illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF A KRONOS LUMBAR PNEUMATIC BRACE:** Upheld

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

**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), Low Back Chapter, Back Brace, Post Operative.

**Decision rationale:** As stated in page 301 of the CA MTUS ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, the treatment plan for the patient is lumbar laminectomy and discectomy as cited in a note dated 12/02/2013. The type of operation is not included in the list of special circumstances requiring back brace as stated above. The indication for the brace is to control and minimize low back pain. Medical records submitted and reviewed did not provide any evidence that patient is complaining of low back pain. Likewise, there were no documented physical examination findings for the lumbar area. Moreover, the industrial injury date is 07/01/2011, which is beyond the acute phase of symptom relief as recommended by the guidelines. Lastly, there was no justification as to why this specific type of back brace is being requested. Therefore, the request for purchase of Kronos lumbar pneumatic brace is not medically necessary.