

Case Number:	CM14-0005113		
Date Assigned:	02/05/2014	Date of Injury:	06/08/2012
Decision Date:	07/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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 is a 41-year-old male who has submitted a claim for low back pain, associated with an industrial injury date of June 8, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 11/01/2013, showed low back pain with radiation to bilateral extremities. Physical examination revealed spasm and tenderness in the lumbar paraspinal muscles. Limited range of motion was noted. Both sciatic stretch and Straight leg raise were positive. There was decreased sensation at L5 and S1 dermatomes bilaterally. Treatment to date has included medications. Utilization review from December 12, 2013 denied the request for the purchase of Kronos pneumatic back brace because the current guidelines did not recommend it as a corset for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

KRONOS PNEUMATIC BACK BRACE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

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.

Decision rationale: According to page 301 of the CA MTUS Low Back Complaints: ACOEM Low Back Chapter, the use of lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar supports are not recommended for prevention. It is only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, the rationale for requesting a back brace is for lumbar stabilization. However, medical records of the patient revealed no documented evidence of spondylolisthesis, instability, post-operative state, and compression fracture despite the persistent low back pain. Moreover, patient has low back pain since the industrial injury date of 2012, and guidelines only recommend lumbar supports during the acute phase of treatment. There is no indication for the use of back brace at this time. Therefore, the purchase of Kronos pneumatic back brace purchase is not medically necessary.