

<b>Case Number:</b>	CM14-0005169		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, 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 injured worker is a 46-year-old male who reported an injury on 5/17/11 after a motor vehicle accident. The injured worker's treatment history included extensive physical therapy, aquatic therapy, and shockwave therapy. The most recent evaluation submitted for this injured worker was dated 6/26/13. It was documented that the injured worker had an acute exacerbation of low back pain. Physical findings included restricted lumbar range of motion secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KRONOS LUMBAR PNEUMATIC BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 301

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 12, 301

**Decision rationale:** The clinical documentation did not include a justification for the request. Additionally, there was no recent evaluation to support the need for lumbosacral support. The ACOEM/MTUS guidelines do not support the use of a back brace for either acute or chronic

conditions. As there was no clinical documentation of recent treatment history, the need to extend treatment beyond guideline recommendations is not provided. As such, the request is not medically necessary or appropriate.