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| <b>Case Number:</b>   | CM14-0112767 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 08/28/2004 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 40-year-old male with a reported date of injury of 08/28/2004. The mechanism of injury was noted to be repetitive trauma. His diagnoses were noted to include status post transforaminal lumbar interbody fusion and decompression revision surgery, bilateral lower extremities motor weakness, status post lumbar spine surgery times 3, adjacent level stenosis and disc herniation at L3-4, neurogenic claudication, and status post laminotomy and microdiscectomy at L5-S1. His previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 08/19/2014 revealed complaints of postoperative low back pain that radiated to the bilateral lower extremities with associated numbness sensation. The injured worker was status post left L5-S1 laminotomy and microdiscectomy. The physical examination revealed a clean, dry, and intact incision and the injured worker was ambulating well. The left leg pain had significantly improved and the straight leg raise was negative. Lower extremity motor strength testing revealed mild weakness in the extensor hallucis longus muscle group. The provider indicated the injured worker had been instructed in how to use the walker and lumbar brace. The Request for Authorization form was not submitted within the medical records. The request was for a Kronos lumbar pneumatic brace for postoperative use for 6 to 8 weeks.

### 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 Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The injured worker received a brace in 10/2013. The California MTUS/ACOEM Guidelines do not recommend lumbar support the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend lumbar braces for chronic pain and the guidelines do not have a recommendation regarding postoperative lumbar braces. Additionally, the injured worker received a brace in 10/2013 and there was a lack of documentation regarding the necessity for a new brace. Therefore, Kronos lumbar pneumatic brace is not medically necessary.