

Case Number:	CM14-0124117		
Date Assigned:	08/08/2014	Date of Injury:	03/30/2014
Decision Date:	09/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 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 46-year-old female with date of injury 3/30/14 that developed back and neck pain, upper and lower extremity pain and headaches because of repetitive trauma working as a machine operator. The treating physician report dated 6/17/14 indicates that the patient presents with pain affecting the head, neck, bilateral shoulder, bilateral hands/wrists, thoracic spine, lumbar spine and bilateral legs. Physical examination reveals moderate decrease in bilateral grip strength, sensory deficit L4, L5 and S1, decreased spinal ranges of motion and multiple positive orthopedic tests of the lumbar spine. The current diagnoses are: 1.Cervical s/s r/o HNP 2.Bilateral upper extremity radiculopathy and paresthesia 3.Bilateral shoulder s/s 4.Lumbar s/s 5.Bilateral lower extremity radiculopathy 6.Headaches 7.Bilateral wrist s/s 8.Thoracic s/s The utilization review report dated 6/30/14 denied the request for pneumatic back brace purchase based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Back Brace Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301, 308.

Decision rationale: The patient presents with constant lumbar pain that is rated an 8-9/10. The current request is for Pneumatic Back Brace Purchase. The treating physician report dated 6/17/14 states, "I prescribed the Kronos Lumbar Pneumatic Brace to empower my patient to become independent and to help them take a role in the management of their symptoms." The ACOEM Guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. Corsets for treatment - Not Recommended. In occupational setting, corset for prevention- Optional. The ODG guidelines state, Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low quality evidence, but may be a conservative option). Neither ACOEM nor ODG support use of lumbar supports for the treatment of low back pain and they certainly do not support lumbar bracing for empowerment. For non-specific back pain, ODG states that there is a very low-grade evidence to support usage therefore, this request are not medically necessary.