

Case Number:	CM14-0129943		
Date Assigned:	08/20/2014	Date of Injury:	04/08/2012
Decision Date:	09/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 43-year-old female, who reported an injury on 04/08/2012; the mechanism of injury was not provided. On 06/17/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was positive left sided straight leg raise and sciatic stretch with decreased sensation to L5 and S1 dermatomal levels. Diagnoses include cervical disc herniation, De Quervain's disease, thoracic strain/sprain, and lumbar strain/sprain. Prior therapy included medications and physical therapy; the provider recommended a Kronos lumbar brace; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for a Kronos Lumbar Brace is not medically necessary. The California MTUS/ACOEM Guidelines state because evidence is insufficient to support using

vertical axial decompression for treating low back injuries, it is not recommended. There is lack of exceptional factors provided in the documentation submitted to warrant approving outside the guideline recommendations. As such, the request is not medically necessary.