MAXIMUS Federal Services

Case Number:	CM14-0135688		
Date Assigned:	09/08/2014	Date of Injury:	03/27/2010
Decision Date:	11/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/22/2014

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 38-year-old male who reported an injury 03/27/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 08/05/2014 indicated diagnoses of persistent back and left lower extremity pain status post left sided L5-S1 discectomy dated 07/30/2013. The injured worker reported aching, stabbing low back and bilateral leg pain in his low back rated 9/10 and bilateral leg pain rated 8/10. The injured worker reported symptoms that continue to be bothersome, especially with prolonged standing and walking or repetitive activities. The injured worker reported he took tramadol and Norco, which he reported were helpful. The injured worker reported he was not attending therapy and was not working. On physical examination, the injured worker had an antalgic gait and did not use assistive devices. Examination of the lumbar spine revealed lumbar paraspinal tenderness with spasms and guarding. The injured worker's hamstrings were tight bilaterally. Range of motion was restricted. The injured worker's range of motion was 40 degrees, extension was 30 degrees, rotation was 20 degrees bilaterally, bending was 20 degrees bilaterally. There was decreased sensation about the L5 dermatomes bilaterally. Lower extremity reflexes were intact and strength in all major muscle groups were intact. The injured worker's prior treatments included diagnostic imaging surgery and medication management. The injured worker's medication regimen included Norco and tramadol. The provider submitted a request for a Kronos lumbar support. A Request for Authorization dated 07/10/2014 was submitted for a Kronos lumbar support. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos Lumbar Support: 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): 300.

Decision rationale: According to the CA MTUS/ (ACOEM) guidelines, on lumbar support (corset), they are not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a lack of clinical information provided indicating the long term functional gains with lumbar back supports for the injured worker's chronic low back pain. In addition, the guidelines state lumbar supports do not have any lasting benefits beyond the acute phase of symptom relief. Furthermore, the guidelines do not recommend lumbar back brace for the treatment of low back disorders. Therefore, the request for Kronos Lumbar Support is not medically necessary.