

<b>Case Number:</b>	CM14-0138941		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 63-year-old male with date of injury of 01/25/2011. The listed diagnoses per [REDACTED] from 03/28/2014 are status post anterior cervical discectomy and fusion at C2-C3 and C3-C4 with decompression of the spinal cord on 01/30/2012; status post lumbar decompression at L4-L5 on 12/14/2011; residual S1 radiculitis and sciatica; MRI proven protrusion at L5-S1 with transition syndrome; and status post revision laminectomy, posterior fusion, and decompression at L4-L5 on 08/08/2012. According to this report, the patient complains of constant neck pain at a rate of 7/10 to 8/10 with radiation to the bilateral upper extremities with occasional numbness and tingling sensation of the bilateral hands. He also complains of consistent low back pain rated 8/10 to 9/10 with radiation to the right lower extremity down into the foot with associated numbness and tingling sensation as well as weakness and giving away. The patient is currently participating in a home exercise program. The examination reveals decreased lumbar spine range of motion with flexion at 40/60 degrees, extension at 10/25 degrees, lateral bend at 10/25 degrees, and left lateral bend at 10/25 degrees. Straight leg raise is positive on the right. Motor examination reveals weakness of the extensor hallucis longus, gastrocnemius, and peroneus longus muscles at 4/5. The documents include progress reports from 02/10/2014 to 04/28/2014. The Utilization Review denied the request on 07/31/2014.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar supports, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter

**Decision rationale:** This patient complains of neck pain and low back pain. The provider is requesting a Kronos Lumbar Pneumatic Brace. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines regarding lumbar support states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be conservative option. The report making the request is missing to determine the rationale behind the request. The 03/28/2014 report shows that the patient complains of neck and low back pain. There is decreased lumbar spine range of motion. Straight leg raise is positive on the right. The 04/25/2014 report by [REDACTED] shows that the patient complains that his low back condition is worsening with difficulty of ambulation at this time. The examination of the lumbar spine reveals sensory deficits over the bilateral L4, L5, and S1 dermatomes. The patient has severe difficulty with ambulation and cannot walk for more than a few meters without having to stop and rest. In this case, the patient does not present with any of the conditions listed on Official Disability Guidelines for use of lumbar orthosis. There is only a very low-quality study to support lumbar bracing for non-specific low back pain. Therefore, this request is not medically necessary.