

<b>Case Number:</b>	CM14-0022548		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/26/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Neurological Surgery 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 49-year-old individual injured in April, 2009. The current primary treating physician, a family practice provider, sought a lumbar brace which was not certified in the preauthorization process. There are ongoing complaints of low back pain. The diagnosis is noted as a sprain/strain of the lumbar spine. Past treatment has included lumbar laminectomy and fusion. A postoperative wound complication of infection required a repeat hospitalization. The physical examination noted a marked limitation to lumbar spine range of motion and there was positive straight leg raising. Motor function is noted to be 4/5. The lumbar MRI completed in January, 2014 noted the fixation device and the bony fusion to be intact. Urine drug screening is noted.

### 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 Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS.

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

**Decision rationale:** As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, such devices have not been shown to demonstrate any efficacy or utility beyond the acute phase. Therefore, when considering the date of injury, the injury sustained, the multiple interventions completed and the current findings on physical examination (as well as enhanced imaging studies) there is no clinical data presented to suggest the need for such a device. This device is not considered to be medically necessary.