

<b>Case Number:</b>	CM14-0026627		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and is licensed to practice in California and Washington. 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 50-year-old female who reported an injury on 07/03/2011 due to an accidental slip and fall. On 01/07/2014, she reported right knee pain and low back pain, which radiated down the right leg and was associated with weakness. She also complained of right knee pain. A physical examination of the lumbar spine revealed residual tenderness to palpation over the paralumbar masses, left greater than right, and the straight leg raise was positive for reproduction of her low back complaints on the right and left, a positive sitting root test on the left and decreased sensation along the L5-S1 dermatome distribution. A physical examination of bilateral knees revealed tenderness to palpation over the medial and lateral joint bilaterally, positive McMurray's test bilaterally, and pain with full range of motion. Her diagnoses included lumbar intervertebral disc disorder, lumbar facet syndrome, axial low back pain, right knee medial meniscus tear, and left knee internal derangement. The treatment plan was for a Kronos lumbar spine pneumatic brace. The request for authorization form was signed on 01/14/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kronos Lumbar Spine Pneumatic Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, low back chapter, back braces. Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

**Decision rationale:** The injured worker had a date of injury of 07/03/2011. She had a positive straight leg raise, positive McMurray's test bilaterally, tenderness to palpation over the lumbar spine, and decreased sensation along the L5-S1 dermatome distribution. The California MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting effect beyond the acute phase of symptom relief and therefore, are not recommended. In addition, the Official Disability Guidelines state that lumbar supports are not recommended for prevention, but can be recommended as an option for treatment of compression fractures and specific treatment for spondylolisthesis, documented instability, and for treatment of non-specific low back pain. Treatment with lumbar supports for nonspecific low back pain has very low quality evidence. Based on the clinical information provided, the injured worker did not have a compression fracture, she was not being treated for spondylolisthesis, and no instability was documented. The rationale for a lumbar spine brace versus other treatment options such as physical therapy is unclear. In addition, there was a lack of documentation regarding significant functional deficits to indicate the necessity for a brace. Furthermore, the patient is past the acute phase of her injury and lumbar braces are not indicated past the acute phase. The request is not supported by the guideline recommendations as the injured worker is not in the acute phase of her injuries, and there is a lack of documented significant functional deficits. Given the above, the request for Kronos Lumbar Spine Pneumatic Brace is not medically necessary.