

<b>Case Number:</b>	CM14-0044668		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and 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 52-year-old female who reported an injury on 05/12/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 03/04/2014 indicated diagnoses of solid status post anterior cervical decompression and fusion at C5-6 and C6-7 with iliac crest bone graft; thoracic spine musculoligamentous sprain/strain rule out herniated nucleus pulposus and stenosis; L5-S1 herniated nucleus pulposus with disc height collapse, anterior and posterior disc herniation and foraminal stenosis with lower extremity radiculopathy; new onset, left leg pain; and status post anterior lumbar fusion and posterior decompression at L5-S1 with bilateral lower extremity radiculopathy. The injured worker reported constant neck pain rated 6/10 and reported clenching of her jaw. The injured worker reported constant low back pain rated 7/10 with burning sensation. The injured worker reported she used Norco and Neurontin and attended massage therapy. On physical examination of the cervical spine, there were mild paraspinal spasms and tenderness and there was parascapular tenderness on the right side. The examination of the lumbar spine revealed paraspinal spasms and tenderness. The injured worker's sciatic notch had tenderness and there was tenderness over the trochanteric bursa. The injured worker's treatment plan included aquatic therapy for the cervical and lumbar spine, continue pain management, and followup appointment. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco and Neurontin. The provider submitted a request for DME Kronos lumbar pneumatic brace. A Request for Authorization dated 01/17/2014 was submitted for a Kronos pneumatic back brace purchase. However, a 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:

**One Kronos Lumbar Pneumatic Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 39.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-298.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Orthotrac vest.

**Decision rationale:** The California MTUS/ACOEM states there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. The Official Disability Guidelines states Orthotrac vest are not recommended. There is minimal evidence to support the use of this device at this time. This pneumatic vest was designed to potentially provide support-stabilization and decompression (when worn for 60 minutes 3 times a week for 5 weeks). The device appears to work by reducing internal disc pressure. It was noted that the pneumatic vest was not indicated for all patients. In a recent study, it was noted that the level of function was not significantly different for patients using the EZ Brace versus the Orthotrac vest at one year, although low back pain relief was significantly greater for the latter group. There is no evidence for the effectiveness of lumbar support according to the ACOEM and California MTUS Guidelines. In addition, the ODG does not recommend the Orthotrac vest. Furthermore, the provider did not indicate a rationale for the request. As such, the request for one Kronos Lumbar Pneumatic Brace is non-certified.