

Case Number:	CM14-0057216		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2007
Decision Date:	09/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal Medicine and Emergency 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:

This patient is a 40 year-old with a date of injury of 04/04/07. Multiple progress reports were reviewed, as those most proximate to the request for services were blacked out. Subjective complaints included low back pain into the left foot. Objective findings included tenderness to palpation of the lumbar spine as well as muscle tension. There was pain with range of motion. Diagnoses included (paraphrased) lumbar disc disease with radiculopathy. Treatment had included NSAIDs and an epidural injection in October of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Purchase of Kronos Lumbar 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, Treatment in Workers Compensation, Low Back Procedure Summary.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom

relief. The patient is beyond the acute phase of their illness. Therefore, there is no documentation for the medical necessity for a Kronos lumbar pneumatic brace.