

<b>Case Number:</b>	CM14-0080435		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/26/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Nevada. 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on 12/26/2008. The most recent progress note, submitted in support of the request for authorization, was dated March 28, 2014, and some of the documentation provided was illegible. This note indicated ongoing complaints of neck, mid back, low back, and elbow pains. The physical examination was noted the "same". There were no recent diagnostic imaging studies discussed. A notation was made that a lumbar spine magnetic resonance imaging (MRI) was denied and there was no discussion of the date of the last diagnostic procedure or the reason for the denial. Additionally, a notation was made that surgery was part of the treatment plan noting an L4-S1 AP fusion. Previous treatment has included multiple modalities including physical therapy, activity modifications, surgical intervention including lap band surgery, hernia repair, lap band adjustments, a lumbar pillow, and pharmacotherapy. A request had been made for a [REDACTED] Lumbar Pneumatic Brace and was not certified in the pre-authorization process on 5/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Lumbar Pneumatic Brace- Purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 301; Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (<[http://www.odg-twc/low\\_back.htm](http://www.odg-twc/low_back.htm)>)

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

**Decision rationale:** According to an internet search of the [REDACTED] Lumbar Pneumatic Brace, this device is a custom brace that uses pneumatic lifters to "unload" some of the patient's weight from the lumbar spine onto the iliac crests and putting this device into the durable medical equipment (DME) category of lumbar support and lumbar brace. Remotely, the medical record has a notation of a T6 compression fracture. A progress note from 2012 has no indication of an acute fracture currently under immobilization treatment. MTUS/ACOEM practice guidelines do not support the use of lumbar support devices for the treatment or prevention of low back pain, except in cases of specific treatment for documented instability/spondylolisthesis, or postoperative treatment. There is no indication in the medical record that the claimant is currently in an acute postoperative setting, and there is no documentation of instability/spondylolisthesis with flexion and extension via radiographs of the lumbar spine. Based on the details of the device requested, the clinical documentation, current diagnoses, and evidence-based guidelines, the medical record does not substantiate the medical necessity of this device. As such, the request for a [REDACTED] Lumbar Pneumatic Brace- Purchase is not medically necessary.