

Case Number:	CM14-0084534		
Date Assigned:	07/21/2014	Date of Injury:	10/04/2013
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Interventional spine 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 patient is a 52-year-old male who reported an injury on October 4th, 2013. The listed diagnoses as of March, 5th, 2014 include: 1. Postconcussive syndrome. 2. Cervical spine herniated nucleus pulposus. 3. Lumbar spine myoligamentous injury, rule out herniated nucleus pulposus. 4. Secondary sleep deprivation. 5. Secondary stress and anxiety. 6. Hypertension. According to this report, the patient complains of back pain that is constant, dull and achy, becoming sharp and stabbing with any increased activities. The pain radiates into the bilateral lower extremities with weakness. Patient also complains of multiple posttraumatic head injury including dry mouth, sleep deprivation, stress, anxiety, depression, and subsequent hypertension. The physical exam shows tenderness at the paravertebral muscles of the thoracolumbar spine. Straight leg raise test is positive at 70 degrees bilaterally. Braggard's test, Kemp's test, Lasegue's test, and Milgram's test are positive bilaterally. Deep tendon reflexes are +2 bilaterally at the Achilles and +2 bilaterally at the patella. Sensory evaluation of the lower extremities is within normal limits. The request was considered not medically necessary on March 9th, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Kronos pneumatic back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electrical stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines, integrated treatment/disability duration guidelines, low back - lumbar and thoracic (acute and chronic) and lumbar supports sections.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 301 and on the Non-MTUS Official Disability Guidelines (ODG) for lumbar supports.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 301 and on the Non-MTUS Official Disability Guidelines (ODG) for lumbar supports. The Expert Reviewer's decision rationale: The provider requested Durable Medical Equipment (DME)- Kronos pneumatic back brace for the patient presenting back pain. The ACOEM Guidelines, on lumbar bracing states, "that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Furthermore, ODG Guidelines do not support the use of lumbar supports for prevention, stating that there is strong inconsistent evidence that lumbar supports are effective in preventing neck and back pain. The progress report stating the request was missing. Therefore, ACOEM and ODG Guidelines do not support the use of a back brace for the treatment or prevention of low back pain. The request for DME- kronos pneumatic back brace is considered not medically necessary.