

Case Number:	CM14-0093064		
Date Assigned:	07/25/2014	Date of Injury:	04/13/2004
Decision Date:	09/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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 72-year-old female who has submitted a claim for L4-L5, L5-S1 herniated nucleus pulposus; traumatic lumbar discopathy; left hip arthrosis; lumbar disc protrusion; lumbar radiculopathy; positive discograms at L2-L3, L4-L4, L4-L5, and L5-S1; left knee pain; status post lumbar hardware removal; status post lumbar spine fusion; and positive junctional pathology per x-ray associated with an industrial injury date of April 13, 2004. Medical records from 2013-2014 were reviewed. Recent clinical information was not available. The patient complained of increased low back pain with bilateral lower extremity radiculopathy. Physical examination showed tenderness over the paraspinal musculature and the post-surgical site. There is mild guarding on palpation over the gluteal musculature. There was significant reduction on flexion and extension of the low back. MRI of the lumbar spine dated November 20, 2013 revealed postsurgical changes of the lumbar spine and multilevel bilateral neural foraminal narrowing. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, aquatic therapy, home exercise program, activity modification, TENS unit, epidural steroid injections, lumbar corset, bone stimulator, and lumbar spine fusion and removal. Utilization review, dated June 6, 2014, denied the request for Kronos lumbar support because it is not supported by guideline recommendations and there were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar supports.

Decision rationale: Page 301 of the California MTUS ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, patient has been complaining of back pain since his industrial injury date of April 13, 2004. This is beyond the acute phase of symptom relief. Furthermore, the submitted medical records did not indicate any recent surgical procedure on the lumbar spine that is included on the special circumstances requiring external immobilization as stated above. Furthermore, the most recent progress report was dated August 26, 2013. The current clinical functional status of the patient is unknown. Therefore, the request for Kronos lumbar support is not medically necessary.