

Case Number:	CM14-0168122		
Date Assigned:	10/15/2014	Date of Injury:	10/15/2008
Decision Date:	02/12/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Practice, 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:

This 64-year-old assembler reported an injury to his low back due to lifting a frame on 10/15/08. The patient saw his current primary treater, a chiropractor, for the first time on 8/27/14. Physical findings included tenderness and limited range of motion of the neck, back and both shoulders, as well as tenderness and a positive McMurray's sign of the left knee. The provider listed diagnoses of cervical spine disc herniation, lumbar spine strain and sprain/rule out disc herniation, bilateral shoulder pain and strain, left knee sprain and strain/rule out meniscal tear, sleep deprivation, stress, anxiety, depression and gastritis. He recommended PT and chiropractic manipulation for the neck, back and shoulders, multiple x-rays, neurological consult and EMG for the lumbar and cervical spine, internal medicine evaluation, and orthopedic evaluation for the shoulders, neck and back. Patient's work status was listed as temporarily totally disabled. Apparently the provider submitted a request for authorization for a Kronos Lumbar pneumatic brace purchase on 8/27/14, although he did not mention this request in the 8/27/14 progress note. The request for authorization is not present in the records provided. The request was non-certified in UR on 9/19/14, on the basis that it was not supported by ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos lumbar pneumatic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 139. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, lumbar supports, page 139

Decision rationale: The first ACOEM reference states that corsets are not recommended for treatment of low back conditions. The updated ACOEM Low Back chapter states that lumbar supports are not recommended. The use of a support for pain may theoretically speed healing, but numerous studies have shown a clear pattern of decreasing back pain with increasing activity. These devices may discourage recommended exercise and activity. Thus a device that reduces mobility may actually be harmful. The clinical documentation in this case, which consists of a single progress note from the current primary provider, does not support the provision of a Kronos Lumbar Pneumatic Brace to this patient. There is no documentation of a rationale for its provision. Pneumatic braces usually provide relatively rigid support and do not allow the patient to move freely. Since the provider has recommended both physical therapy and chiropractic manipulation for this patient, increased range of motion appears to be a goal. This device may actually interfere with the achievement of that goal. Based on the evidence-based citations above and on the clinical documentation provided for my review, a Kronos lumbar pneumatic brace is not medically necessary. It is not medically necessary because it is likely to interfere with increasing this patient's range of motion and ability to exercise, and therefore interfere with his recovery.