

<b>Case Number:</b>	CM14-0036145		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Rehab 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 is a 45 year old gentleman who sustained a work related injury on 1/25/2000. The mechanism of injury has not been provided. Per the Primary Treating Physician's Progress Report and Request for Authorization dated 1/15/14, the injured worker reported sharp pain in both knees, greater on the left, and in the low back. There is occasional radiation from the lumbar spine to his leg. He rates the lumbar spine and left knee pain as a 6-7 put of 10. Physical Examination revealed antalgic gait on left, tenderness and tightness in the paralumbar musculature with muscle spasm. There is limited range of motion in the spine, he is able to forward flex only 20 degrees, tilt to the right and left is difficult. Diagnoses included spinal spondylolisthesis., morbid obesity, left knee arthrosis with internal derangement The plan of care included surgery to lose weight, Aptrim, a weight loss program, pain medications and a back brace (LSO with sagittal control, pneumatic air pump, rigid anterior/posterior panels extends to sacrococcygeal junction to T-9 vertebra to produce intracavitary pressure to reduce load on intervertebral discs with padding, shoulder straps, pendulous abdomen design, for fitting and adjustment). On 3/7/2014, Utilization Review non-certified a prescription for Kronos Lumbar Support for purchase based on lack of medical necessity. The CA MTUS ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kronos Lumbar Support for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-301.  
Decision based on Non-MTUS Citation ODG Low Back, Lumbar Supports

**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, Back Brace, page 372

**Decision rationale:** There are no presented diagnoses of instability, compression fracture, or spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of January 2000. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of documented instability, or post-operative multilevel lumbar fusion treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Kronos Lumbar Support for purchase is not medically necessary and appropriate.