

Case Number:	CM14-0057453		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2013
Decision Date:	01/07/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopedic Surgery and is licensed to practice in Georgia and South Carolina. 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 injured worker is a 47-year-old male who reported an injury on 03/31/2013. The mechanism of injury was not submitted for clinical review. His diagnoses included L4-5, L5-S1 left sided herniated disc, left knee internal derangement. Previous treatments included medication, an MRI of the left knee, a cane, physical therapy. On 01/31/2014, it was reported the injured worker complains of continued ongoing left knee pain, which is aggravated with weight bearing. The injured worker complained of severe low back pain, localized around the paraspinal musculature and spinous process of the low back. The physical examination revealed lumbosacral tenderness to palpation over the paraspinal musculature and spinous process. The provider noted mild guarding on flexion and extension. There was significant reduction on flexion and extension. The provider recommends the injured worker to continue medication and physical therapy. A request for lumbosacral Kronos brace was recommend for low back support. The Request for Authorization was submitted on 12/06/2013.

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): Page 301. 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): 300.

Decision rationale: The request for Kronos Lumbar Pneumatic Brace is not medically necessary. The California MTUS Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. However, it is noted that there is no scientific evidence to support the efficacy of the use of a back brace in the chronic treatment phase of the injured worker's low back pain. The clinical documentation submitted in the injured worker is beyond the acute phase of symptom relief, as the injured worker's injury was in 03/2013. Additionally, the guidelines do not support the utilization of a back brace in the chronic treatment phase. Additionally, the request submitted failed to indicate whether the lumbar pneumatic brace was for purchase or rental. Therefore, the request is not medically necessary.