

Case Number:	CM15-0130322		
Date Assigned:	07/22/2015	Date of Injury:	05/21/2001
Decision Date:	08/26/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 57 year old male, who sustained an industrial injury on May 21, 2001. The injured worker has complaints of low back and leg pain. The lumbar range of motion is decreased. The diagnoses have included sprain of lumbar and lumbago. Treatment to date has included tylenol #4 with codeine. The request was for purchase kronos lumbar pneumatic brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Kronos Lumbar Pneumatic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical devices page 1640 and Other Medical Treatment Guidelines Up to date Topic 7780 and version 27.0.

Decision rationale: The MTUS lists corsets as one of the modalities used to treat low back pain in the work environment in order to prevent lumbar pain. The ODG also lists braces, casts,

corsets, and shoes as mechanical devices used to treat orthopedic symptoms. Up to date discussed corsets in its treatment of lumbar pain. It states that they are used to limit spine movement in order to prevent back pain at the work site when occasional lifting is required. However, it says that randomized controlled trials suggest little benefit and that there is little evidence to suggest that corsets or braces have therapeutic value for most patients. Therefore, they conclude that there is little evidence to suggest that corsets or braces have therapeutic value for most patients. As noted there is little evidence to suggest that braces help in the treatment of chronic lumbar pain and the UR was justified in its decision.