

<b>Case Number:</b>	CM15-0181636		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old female injured worker suffered an industrial injury on 7-16-2009. The diagnoses included spinal discopathy. On 7-14-2015 the treating provider reported the neck and back pain with leg numbness was worse with difficulty accomplishing activities of daily living. On exam the lumbar spine was tender with positive right straight leg raise. The cervical spine was tender with spasm. Prior treatment included medication and neurostimulation therapy. Diagnostics included electromyography studies 5-26-2015. Request for Authorization date was 7-14-2015. The Utilization Review on 8-24-2015 determined non-certification for Kronos pneumatic back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kronos pneumatic back brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Lumbar Supports.

**Decision rationale:** The patient presents with neck and low back pain with leg numbness. The current request is for Kronos Pneumatic Back Brace. The treating physician's report dated 07/14/2015 (41B) states, "Req LS support. Request updated C/S and L/S MRI due to worsening symptoms for surgical discussion. Still suggest epidural to neck and low back." The physician requested the DME on 07/14/2015 (40B) to reduce pain/swelling, decrease muscle spasms and protect/stabilize the joint. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar support states, not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be conservative option. In this case, the patient continues with non-specific lower back pain. The treating physician has requested a lumbar support to aid in the treatment of chronic pain and to help protect and stabilize the patient. The current request is supported by ODG as a conservative option. The current request is medically necessary.