

Case Number:	CM15-0191748		
Date Assigned:	10/05/2015	Date of Injury:	04/02/2003
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 injured worker is a 57 year old male who sustained an industrial injury on 4-2-03. The injured worker reported discomfort to the neck, shoulders, back and bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder impingement syndrome, rotator cuff rupture, cervical discopathy, bilateral carpal tunnel syndrome and lumbar spine sprain strain syndrome. Provider documentation dated 8-27-15 noted the work status as permanent and stationary. Treatment has included status post carpal tunnel release, status post posterior foraminotomy, Norco since at least March of 2015, Gabapentin since at least March of 2015, Ambien since at least May of 2015. Objective findings dated 8-27-15 were notable for tenderness to bilateral suprascapular and trapezius with spasms noted to all planes of motions, decreased hand grip strength and decreased median nerve sensation radiating to mid-forearm. The original utilization review (9-23-15) denied a request for One Kronos lumbar pneumatic brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Kronos lumbar pneumatic brace purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports.

Decision rationale: The patient was injured on 04/02/03 and presents with low back pain, neck pain and bilateral hand pain. The request is for One Kronos lumbar pneumatic brace purchase. There is no RFA provided and the patient is permanent and stationary. MTUS/ACOEM Guidelines Chapter 12 Low Back Complaints, page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Guidelines, Low Back - Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports Section states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." "There are no objective findings provided for the lumbar spine. The patient is diagnosed with left shoulder impingement syndrome, rotator cuff rupture, cervical discopathy, bilateral carpal tunnel syndrome, and lumbar spine sprain strain syndrome. The reason for the request is not provided. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. Therefore, the requested Kronos lumbar pneumatic brace is not medically necessary.