

<b>Case Number:</b>	CM15-0223846		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Emergency 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 37 year old female with a date of injury on 06-03-2013. The injured worker is undergoing treatment for lower back pain, lumbar disc disease and lumbar radiculopathy. A physician progress note dated 04-22-2015 documents the injured worker rates her pain as a 6 out of 10, status post sacroiliac joint injection on 03-18-2015. She reports an auto accident on 02-21-2015, which aggravated her neck and low back. The sacroiliac joint injection did help for a short time, but the car accident may have aggravated her pain, so she is not sure if it would have lasted for the whole six weeks or not. Her medications do help. On examination Straight leg raise, Patrick's, and facet loading tests were all noted to be positive, all producing axial pain. Sensation and strength were within normal limits in the bilateral lower extremities and there was tenderness to palpation in the lumbar paraspinal muscles and sacroiliac joint region. An unofficial Magnetic Resonance imaging of the lumbar spine (no date) revealed L5-S1 a 5.5mm disc bulge and at L4-L5 a 3.5mm disc bulge. She is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, therapy, and injections. On 10-29-2015 Utilization Review non-certified the request for DME Kronos Lumbar Pneumatic Brace for Low Back (purchase).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Kronos Lumbar Pneumatic Brace for Low Back (purchase): Upheld**

**Claims Administrator 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 Supports.

**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), Lumbar Supports.

**Decision rationale:** The requested DME Kronos Lumbar Pneumatic Brace for Low Back (purchase), is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker is undergoing treatment for lower back pain, lumbar disc disease and lumbar radiculopathy. A physician progress note dated 04-22-2015 documents the injured worker rates her pain as a 6 out of 10, status post sacroiliac joint injection on 03-18-2015. She reports an auto accident on 02-21-2015, which aggravated her neck and low back. The sacroiliac joint injection did help for a short time, but the car accident may have aggravated her pain, so she is not sure if it would have lasted for the whole six weeks or not. Her medications do help. On examination Straight leg raise, Patrick's, and facet loading tests were all noted to be positive, all producing axial pain. Sensation and strength were within normal limits in the bilateral lower extremities and there was tenderness to palpation in the lumbar paraspinal muscles and sacroiliac joint region. An unofficial Magnetic Resonance imaging of the lumbar spine (no date) revealed L5-S1 a 5.5mm disc bulge and at L4-L5 a 3.5mm disc bulge. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, DME Kronos Lumbar Pneumatic Brace for Low Back (purchase) is not medically necessary.