

Case Number:	CM14-0147300		
Date Assigned:	09/15/2014	Date of Injury:	08/28/2001
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 59 year old male who was injured on 06/20/2001. The mechanism of injury is unknown. The patient underwent a lumbar fusion on 08/07/2002. Progress report dated 08/01/2013 states the patient presented with complaints of severe to moderate associated spasm in his low back region with pain radiating to his buttocks as well as into his bilateral lower extremities, left greater than right. He also reported numbness and tingling radiating into the left lower extremity. Objective findings on exam revealed 2+ residual tenderness with associated muscle spasm, and myofascial trigger point noted in the quadratus lumborum and posterior lumbar paravertebral muscles bilaterally, left worse than right. He also had decreased range of motion in the low back. The patient was diagnosed with intervertebral disc syndrome lumbar spine, lumbar radiculopathy with intractable low back pain, and lumbar myofasciitis. The patient was recommended for purchase of a Kronos lumbar pneumatic brace. Prior utilization review dated 09/03/2014 by [REDACTED] states the request for Purchase for a Kronos Lumbar Pneumatic Brace is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase for a Kronos Lumbar Pneumatic Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines _ Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Lumbar & Thoracic, Lumbar supports

Decision rationale: Guideline does not recommend Lumbar support beyond the acute phase of symptom relief. Other guidelines do not recommend lumbar supports for prevention. The patient was injured on 06/20/2001 and underwent a lumbar fusion on 08/07/2002. The medical records did not document any new or acute injury to the Lumbar Spine. Therefore, the request for Lumbar Brace is not medically necessary according to the guidelines.