

Case Number:	CM14-0178228		
Date Assigned:	10/31/2014	Date of Injury:	06/10/2010
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine 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:

This is a 29 year old male patient who sustained a work related injury on 6/10/10. Patient sustained the injury when he was lifting a bumper cart. The current diagnoses include chronic low back pain with disc protrusion at L4-5 and L5-S1, worsening of lumbosacral protrusions, and lumbar spine degenerative disc disease at L5-S1 with protrusion. Per the doctor's note dated 9/19/14 patient had complaints of pain in his neck, left shoulder/elbow/wrist and lower back with episodes of numbness and tingling in his bilateral lower extremities, left greater than the right at 7-9/10. Pain increased with prolonged standing, walking and sitting activities. He was unable to sit for more than 30-45 minutes or stand for more than 15 minutes before his pain. He had difficulty in bending forward, backwards, sideways and driving for a prolonged period of time, difficulty in sleeping and awakens with pain and discomfort, difficulties with self-care and personal hygiene and medications helped to alleviate pain. On examination of the lumbar spine, tenderness and spasm over the lower back area, L5-S1, central and paralumbar regions, and sciatic notch, straight leg raising test was positive bilaterally, tension signs were positive bilaterally and weakness to bilateral foot evertors. The current medication lists include Cymbalta, Hydrocodone I 0/325 mg, Gabapentin 300 mg, Topamax, Naproxen 500 mg, and Robaxin 500 mg. The patient has had an MRI of the lumbar spine dated 04/12/2011 that concluded disc bulge at the L4-5 impinging on the L4 nerve roots bilaterally and effacing the thecal sac and a disc bulge at the L5-S1 effacing the thecal sac not impinging the exiting L5 nerve roots and X-rays of the lumbar spine which showed degenerative disc diseases with loss of disc height predominantly at L5-S1 and secondary to L4-5; MRI of the cervical spine on 6/11/14 that revealed disc protrusions. The past medical history includes a motor vehicle accident in October 2006. The patient has had bilateral trans-facet transforaminal epidural steroid injection at C6-7

on 8/23/14. He underwent left elbow cubital tunnel release in November 2012. The patient had received 18 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos Lumbar Pneumatic Brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGChapter:Low Back (updated 10/28/14) Lumbar supports

Decision rationale: Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: 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). Under study for post-operative use; see Back brace, post operative (fusion)." The patient has received 18 physical therapy visits for this injury. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. In addition, it is noted in the records that the patient's pain was relieved with medications. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. Therefore, this request for purchase of Kronos lumbar pneumatic brace is not medically necessary.