

Case Number:	CM14-0095284		
Date Assigned:	09/15/2014	Date of Injury:	02/06/2014
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/23/2014

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 27 years old female with an injury date on 02/06/2014. Based on the 06/11/2014 progress report provided by [REDACTED], the diagnosis is: 1. Lumbar spine herniated nucleus pulposus with radiculopathy 2. Secondary sleep deprivation 3. Vomiting for medications According to this report, the patient complains of constant low back pain that is dull achy, becoming sharp and stabbing with increased activities. Numbness is noted at the heel bilaterally, left greater than right. Physical exam reveals tenderness and spasm over the paravertebral muscles. Range of motion of the lumbar spine is decreased. Straight leg raise test is positive, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 06/20/2014. [REDACTED] the requesting provider, and he provided treatment reports from 05/16/2014 to 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos back brace, Purchase, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines ODG Treatment Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter:12, page 301 states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief."

Page 9 ACOEM also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ACOEMchapter:13, page 340 does state, "a brace can be used for patellar instability, anterior cruciate ligament tear, or

Decision rationale: According to the 06/11/2014 report by [REDACTED] this patient presents with constant low back pain that is dull achy, becoming sharp and stabbing with increased activities. The treater is requesting a purchase of a Kronos lumbar support/brace. Regarding lumbar bracing, ACOEM Guidelines page 301 states, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG Guidelines regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The patient does have non-specific low back pain but this has very low-quality evidence. Given the lack of support from the guidelines, recommendation is for denial.