

<b>Case Number:</b>	CM14-0212425		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/18/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 18, 1999. The claims administrator referenced an October 20, 2014 progress note in its determination. The claims administrator noted that the applicant had received chiropractic manipulative therapy, physical therapy, and acupuncture in unspecified amounts over the course of the claim. In a medical-legal evaluation dated September 12, 2014, the applicant reported ongoing complaints of neck and low back pain, with associated difficulty performing activities of daily living as basic as lifting a gallon of milk, bending, twisting, pushing, pulling, writing, and typing. The applicant is status post earlier cervical fusion surgery. The applicant was given a 30% whole person impairment rating for the cervical spine. Permanent work restrictions were endorsed, effectively resulting in the applicant's removal from the workplace. On October 28, 2014, the applicant reported persistent complaints of neck pain, shoulder pain, low back pain, and groin pain status post earlier shoulder surgery, neck surgery, lumbar fusion surgery, and carpal tunnel release surgery. The applicant was placed off work, on total temporary disability. Active exercises were suggested. Lumbar support was apparently endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kronos Lumbar Pneumatic Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was well outside of the acute phase of symptom relief as of the date the lumbar support was endorsed, on October 28, 2014, following an industrial injury of April 18, 1999. Introduction, selection, and/or ongoing usage of lumbar support was not indicated as of the late state in the course of the claim. Therefore, the request was not medically necessary.