

Case Number:	CM15-0119188		
Date Assigned:	06/29/2015	Date of Injury:	12/05/2013
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old female, who sustained an industrial injury on December 5, 2013. Treatment to date has included diagnostic imaging, left knee arthroscopy, physical therapy, occupational therapy, home exercise program, assistive device, orthotics, modified work and medications. Currently, the injured worker reports decreased pain in the shoulder and knee. She reports some low back pain which increases with prolonged sitting and right elbow pain from writing at work. On physical examination the injured worker has tenderness to palpation of L3-L5 of the lumbar spine and associated paraspinal muscles. She has a positive Kemp's test bilaterally. The diagnoses associated with the request include lumbar spine sprain/strain rule out herniated disc. The treatment plan includes ergonomic assessment for the chair at work, Solar Care FIR Heat System, and low back brace for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos lumbar pneumatic brace purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Lumbar supports.

Decision rationale: Kronos lumbar pneumatic brace purchase is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that 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. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The ODG states that a back brace can be used in spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence.) The documentation submitted does not reveal instability or extenuating reasons to necessitate a lumbar brace and therefore the request for lumbar support is not medically necessary.