MAXIMUS Federal Services

Case Number:	CM13-0014235		
Date Assigned:	12/13/2013	Date of Injury:	03/18/1995
Decision Date:	01/27/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 70 year-old male sustained a low back injury on 3/8/1995 while employed by [redacted]. Per report from [redacted] dated 7/31/13, the patient is "s/p thoracolumbar fusion procedure and he continues to do well." He does c/o of some spasms and incisional pain along his surgical site and has been wearing his brace, but after wearing it for approximately four hours, it starts to dig into the back part of his legs. His preoperative low back and radicular pain are resolved and presently has expressed a desire to wean him-self off of the medication. The objective findings document, "His exam is unchanged from the previous visit." Diagnostic Impression included, [redacted] is doing well status post a thoracolumbar spinal fusion procedure with his pre-operative pain symptoms improved. He continues to have some incisional pain and muscle spasm." Treatment plan included medications, UDS (ultrasound Doppler sonography), and custom back brace and physical therapy to the lumbar spine 4x/wk. for 6 weeks which were non-certified by physician reviewer, [redacted] on 8/13/13, citing guidelines criteria and lack of medical indication. There is a report dated 9/4/13 from [redacted]. [redacted] who noted the patient's principal complaints are spasms along his incisional area and he has been taking Soma which has helped. Exam indicated "There have been no interval changes in his exam. He has full motor power in his lower extremities and incision is well-healed and sensation is intact. He does have palpable muscular knots along his peri-incisional area. Plan included continuing Soma, UDS every 4 months, physical therapy, and custom back brace. IMR Application form has listed under primary diagnosis as ICD 722.83- Post-laminectomy syndrome Lumbar region with request for review of Lumbar physical therapy 4 times a week for 6 weeks and a custom back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar physical therapy, four times per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, as the Low Back Complaints Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM (range of motion), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. This 70 year-old injured worker has received extensive conservative treatment to include physical therapy for this 1995 low back injury. It is unclear what is the current diagnosis as reports from [redacted] on 7/31/13 and 9/4/13 noted Diagnostic Impression to be, "[redacted] is doing well status post a thoracolumbar spinal fusion procedure with his pre-operative pain symptoms improved" yet the IMR Application form has listed under primary diagnosis as ICD 722.83- Post-laminectomy syndrome Lumbar region with request for review of Lumbar physical therapy 4 times a week for 6 weeks and a custom back brace. He continues to have some incisional pain and muscle spasm." Submitted reports do not provide clarification of what surgical procedure was performed or date of surgery. Reports also indicate the patient is doing well with preoperative low back and radicular pain resolved and presently the patient has expressed a desire to wean himself off of the medication. Clinical exam also noted no interval changes with intact motor strength and sensation of the lower extremities. Reports have not adequately demonstrated the medical indication for the physical therapy sessions. The request for lumbar physical therapy, four times per week for six weeks, is not medically necessary or appropriate.

A custom back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 139.

Decision rationale: The Physician Reviewer's decision rationale: This 70 year-old injured worker has received extensive conservative treatment to include physical therapy for this 1995

low back injury. It is unclear what is the current diagnosis as reports from [redacted] on 7/31/13 and 9/4/13 noted Diagnostic Impression to be, "[redacted] is doing well status post a thoracolumbar spinal fusion procedure with his pre-operative pain symptoms improved" yet the IMR Application form has listed under primary diagnosis as ICD 722.83- Post-laminectomy syndrome Lumbar region with request for review of Lumbar physical therapy 4 times a week for 6 weeks and a custom back brace. He continues to have some incisional pain and muscle spasm." Submitted reports do not provide clarification of what surgical procedure was performed or date of surgery. Reports also indicate the patient is doing well with preoperative low back and radicular pain resolved and presently the patient has expressed a desire to wean himself off of the medication. Clinical exam also noted no interval changes with intact motor strength and sensation of the lower extremities. There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom back brace for acute post-operative use. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This claimant is well beyond the acute phase of injury of 1995. In addition, ODG states "Lumbar supports: Not recommended for prevention; Under study for treatment of nonspecific LBP; Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment." The request for a custom back brace is not medically necessary or appropriate.