

Case Number:	CM13-0028851		
Date Assigned:	05/21/2014	Date of Injury:	09/22/1997
Decision Date:	06/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 53 year old female with a date of work injury 9/22/97. The diagnoses include failed back surgery with radiculopathy. There is a request for a lumbar brace and 12 visits of physical therapy. There is a 4/17/13 neurosurgery progress report that states that the patient continues to complain of low back pain with dyesthetic pain that radiates down the bilateral lower extremities. Flexion, extension, and rotation cause significant pain for her. She stands with a coronal scoliosis leaning towards the left, which is suppressed with the brace. The provider requests a TLSO brace to help her with maintaining her posture. Due to the patient's continued and worsening subjective complaints as reported and the objective findings listed above including the physical examination findings along with difficulties of performing activities of daily living and obvious signs of de-conditioning of the affected areas the provider is recommending a TLSO brace. The documentation indicates that a 7/31/13 progress note indicates that the patient is sitting in a chair wearing a brace. There are no motor or sensory deficits and reflexes are 2+/4 throughout. Per a 4/17/13 document patient had hydrotherapy with no resolution of her symptoms. A 7/31/13 document revealed that the patient had lumbar surgery in 2001 and there was recommendation for land based therapy, due to the failed back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PURCHASE FOR A LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Integrated Treatment/Disability Duration Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 05/10/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK-LUMBAR SUPPORT.

Decision rationale: Per documentation the patient already has a lumbar brace. There is a subsequent request in the documentation for a thoracolumbar brace due correct posture from scoliosis but the exam findings do not describe any type of scoliosis. There is a 4/17/13 document in which the provider asks for a thoracosacral TLSO. The MTUS does not address back braces. The ODG states that lumbar supports are 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). The documentation indicates that the patient already has a lumbar brace. The request for lumbar brace is not medically necessary.

12 PHYSICAL THERAPY VISITS, 2 X PER WEEK FOR 6 WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: 12 physical therapy visits for the lumbar spine 2 x per week for 6 weeks is not medically necessary per the MTUS guidelines. It is unclear how much therapy the patient has had in the past for her low back. The documentation indicates that she underwent hydrotherapy which did not help. Without clear documentation of how much physical therapy the patient has had in the past and no clear evidence of functional improvement from those sessions additional therapy cannot be certified. Furthermore the guidelines would recommend up to 10 visits for this condition and the request as written exceeds this number. The request for 12 physical therapy visits for the lumbar spine 2 x per week for 6 weeks is not medically necessary.