

Case Number:	CM13-0048959		
Date Assigned:	12/27/2013	Date of Injury:	05/11/2011
Decision Date:	05/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 61-year-old male who sustained an unspecified injury on 05/11/2011. The injured worker was evaluated on 09/27/2013 for complaints of low back muscle spasms. The documentation submitted for review indicated the injured worker stated his muscle spasms occurred while sitting. The evaluation noted the injured worker's low back pain radiated to the right leg. The injured worker was noted to have tenderness to palpation to the lumbar spine paraspinal muscles. The treatment plan indicated a request for a lumbar spine MRI to rule out further deterioration of discs, request for PT to restore functional mobility, and a request for lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is non-certified. The documentation submitted for review indicated the injured worker had previously undergone MRI

of the lumbar spine with significant findings. ACOEM guidelines recommend repeat MRIs in patients with significant change in condition when they are considering surgical intervention. The documentation submitted for review did not indicate the injured worker had a significant change in condition since the previous MRI. Furthermore, the documentation submitted for review did not indicate the injured worker was considering a surgical procedure. Therefore, additional imaging studies are not supported. Given the information submitted for review, the request for MRI of lumbar spine is non-certified

12 SESSIONS PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for 12 sessions of physical therapy is non-certified. The California MTUS Guidelines recommend active therapy be based on the philosophy of therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The documentation submitted for review did not indicate the employee had decreased range of motion, strength, or endurance. Therefore, the need for physical therapy is unclear. It is additionally noted that the request submitted for review indicates 12 sessions of physical therapy but does not include the duration of treatment. The duration of treatment is important in ensuring timely re-evaluation and treatment modification to ensure patient progress.

LUMBAR SUPPORT 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: LOW BACK CHAPTER; LUMBAR SUPPORTS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for lumbar support brace is non-certified. ACOEM guidelines do not recommend the use of lumbar supports for the treatment of low back disorders. The Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation submitted for review did not have extenuating circumstance for the use of a lumbar support. Given the information submitted for review, the request for lumbar support brace is non-certified.