

Case Number:	CM13-0067961		
Date Assigned:	03/03/2014	Date of Injury:	02/26/2012
Decision Date:	05/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 & 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 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:

According to the records made available for review, this is a 26-year-old male with a 2/26/12 date of injury, and 10/9/13 lumbar spine microdiscectomy. At the time (11/26/13) of request for authorization for physical therapy 3 visits x 4 weeks (12 visits) lumbar and DME: lumbar spine brace, there is documentation of subjective (low back pain with weakness in legs) and objective (decreased tenderness to palpation, guarding, and spasm in the paravertebral region bilaterally) findings, current diagnoses (lumbar disc protrusion, left sided lumbar radiculopathy, lumbar stenosis, lumbar degenerative disc disease, and status post lumbar spine microdiscectomy), and treatment to date (lumbar spine discectomy and lumbar epidural steroid injection). Regarding DME: lumbar spine brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 VISITS X 4 WEEKS (12 VISITS) LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 16 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc protrusion, left sided lumbar radiculopathy, lumbar stenosis, lumbar degenerative disc disease, and status post lumbar spine microdiscectomy. In addition, there is documentation of status post lumbar spine microdiscectomy on 10/9/13. However, the requested physical therapy 3 visits x 4 weeks (12 visits) exceeds the guidelines (1/2 the number of sessions recommended for the general course of therapy for the specified surgery). Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3 visits x 4 weeks (12 visits) is not medically necessary.

DME: LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion).

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post operative back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc protrusion, left sided lumbar radiculopathy, lumbar stenosis, lumbar degenerative disc disease, and status post lumbar spine microdiscectomy. In addition, there is documentation of status post lumbar spine microdiscectomy on 10/9/13. However, despite documentation of status post microdiscectomy, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for DME: lumbar spine brace is not medically necessary.