

Case Number:	CM14-0124143		
Date Assigned:	08/08/2014	Date of Injury:	03/10/2009
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 Neurological Surgery 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:

The records, presented for review, indicate that this 45-year-old individual was reportedly injured on 3/10/2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of chronic low back pain that radiated into the left lower extremity. The physical examination demonstrated lumbar spine decreased range of motion, left-sided paraspinal muscle spasm and tenderness to palpation. Straight leg raise test was positive on the left at 45. Positive sciatic notch tenderness was on the left. Left lower extremity muscle weakness was 4/5. Decreased sensitivity to light touch over the lateral aspect of the thigh. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injections, medications, and physical therapy. A request had been made for postoperative physical therapy lumbar spine #24 visits, off-the-shelf lumbar brace, and confirmation of urine drug test results and was denied in the pre-authorization process on 7/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy lumbar spine totaling 24 visits to 8 initial visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to medical documentation provided patient underwent a L3-4 and L4-5 laminectomy and dissected me which allows him 16 visits over 8 weeks. Treating physician has requested 24 visits of physical therapy. After review of the medical documentation there was no subjective or objective clinical findings necessitating the need for excessive therapy, therefore this request is not medically necessary and appropriate.

Off-the-shelf 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.

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

Decision rationale: ACOEM treatment guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension on plain radiographs of the lumbar spine. It is noted the claimant had previously requested a lumbar brace, which was approved on 11/14/2013. There is no indication that a secondary brace is indicated. As such, this request is not medically necessary and appropriate.

Final confirmation of urine drug test results: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Drug testing Page(s): 43 of 127.

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs, or in patients with previous issues of abuse, addiction or poor pain control. The injured worker had a prior urine drug test on 2/19/2013, which was consistent with prescription medications. Per ODG guidelines, the patient at low risk should be tested within 6 months of initiation of therapy, and annually thereafter. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not medically necessary and appropriate.