

Case Number:	CM14-0176597		
Date Assigned:	10/30/2014	Date of Injury:	05/21/2013
Decision Date:	12/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/25/2014

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 Internal 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 employee was a 55-year old male who sustained an industrial injury on 05/21/13. He was being treated for low back pain, left L4-L5 and L5-S1 facet arthropathy, myofascial lumbar pain, lumbar disc disease, status post RFA and myofascial pain syndrome. Prior treatments included medial branch block at L4-L5 and L5-S1, Voltaren, Naproxen BID, 24 sessions of physical therapy, 24 sessions of acupuncture and chiropractic care. The clinical note from 09/08/14 was reviewed. Subjective complaints included low back pain which he rated at 1-2/10. He had radiofrequency ablation at the left L4-5 and L5-S1 medial branch nerves on 04/17/14. He reportedly had 80% pain relief lasting for 3 months. He resumed work in 06/12/14 and pain returned due to wearing utility belt at work. He was active with home exercise program including going to the gym. Pertinent objective examination included positive paravertebral muscle tenderness in lumbar region, normal sensation and normal deep tendon reflexes in lower extremities. The MRI of the lumbar spine showed right sided disc protrusion at L2-L3 and L4-L5 with mild neural foraminal narrowing and mild facet degenerative change bilaterally with L5-S1. The diagnoses included lumbago, facet arthropathy at left L4-5, L5-S1, degenerative disc disease and myofascial pain syndrome. The request was for back support and physical therapy 2 times a week for 4 weeks for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Physical Therapy

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 Disorder, Physical Medicine.

Decision rationale: The employee was a 55-year old male who sustained an industrial injury on 05/21/13. He was being treated for low back pain, left L4-L5 and L5-S1 facet arthropathy, myofascial lumbar pain, lumbar disc disease, status post RFA and myofascial pain syndrome. Prior treatments included medial branch block at L4-L5 and L5-S1, Voltaren, Naproxen BID, 24 sessions of physical therapy, 24 sessions of acupuncture and chiropractic care. The clinical note from 09/08/14 was reviewed. Subjective complaints included low back pain which he rated at 1-2/10. He had radiofrequency ablation at the left L4-5 and L5-S1 medial branch nerves on 04/17/14. He reportedly had 80% pain relief lasting for 3 months. He resumed work in 06/12/14 and pain returned due to wearing utility belt at work. He was active with home exercise program including going to the gym. Pertinent objective examination included positive paravertebral muscle tenderness in lumbar region, normal sensation and normal deep tendon reflexes in lower extremities. The MRI of the lumbar spine showed right sided disc protrusion at L2-L3 and L4-L5 with mild neural foraminal narrowing and mild facet degenerative change bilaterally with L5-S1. The diagnoses included lumbago, facet arthropathy at left L4-5, L5-S1, degenerative disc disease and myofascial pain syndrome. The request was for back support and physical therapy 2 times a week for 4 weeks for low back. According to Official Disability Guidelines, for lumbar sprains and strains and intervertebral disc disorders without myelopathy, a total of 10 visits over 8 weeks is recommended. The employee had 24 visits of physical therapy in past and 24 visits of acupuncture. He was actively doing home exercise program and going to gym. The request for additional 8 visits is well above the maximum number recommended and hence is not medically appropriate and necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Lumbar Supports / Back Brace, Postoperative (Fusion).

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 Complaints, Lumbar Supports.

Decision rationale: The employee was a 55-year old male who sustained an industrial injury on 05/21/13. He was being treated for low back pain, left L4-L5 and L5-S1 facet arthropathy, myofascial lumbar pain, lumbar disc disease, status post RFA and myofascial pain syndrome. Prior treatments included medial branch block at L4-L5 and L5-S1, Voltaren, Naproxen BID, 24 sessions of physical therapy, 24 sessions of acupuncture and chiropractic care. The clinical note from 09/08/14 was reviewed. Subjective complaints included low back pain which he rated at 1-

2/10. He had radiofrequency ablation at the left L4-5 and L5-S1 medial branch nerves on 04/17/14. He reportedly had 80% pain relief lasting for 3 months. He resumed work in 06/12/14 and pain returned due to wearing utility belt at work. He was active with home exercise program including going to the gym. Pertinent objective examination included positive paravertebral muscle tenderness in lumbar region, normal sensation and normal deep tendon reflexes in lower extremities. The MRI of the lumbar spine showed right sided disc protrusion at L2-L3 and L4-L5 with mild neural foraminal narrowing and mild facet degenerative change bilaterally with L5-S1. The diagnoses included lumbago, facet arthropathy at left L4-5, L5-S1, degenerative disc disease and myofascial pain syndrome. The request was for back support and physical therapy 2 times a week for 4 weeks for low back. According to ACOEM guidelines on low back complaints, lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The employee was one year post injury and was not having an acute exacerbation. Hence the back support is not medically necessary or appropriate.