

<b>Case Number:</b>	CM14-0177599		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	01/15/2003
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported an injury on 01/15/2003. The diagnoses included rheumatoid arthritis and chronic depressive personality disorder. The mechanism of injury was repetitive/overuse. Past treatments were not included. An MRI of the L spine, dated 07/18/2014, revealed disc protrusion with partial compression of the right S1 nerve root at L5-S1, annular tears and bulges at L4-5 and T12-L1, and no severe central canal or neural foraminal stenosis. Her surgical history was not included. The progress note, dated 09/11/2014, noted the injured worker complained of continued total body pain, chronic fatigue, problems sleeping, and stated pain was mostly in her back in addition to her fingers. The physical exam revealed tight lumbar paraspinal muscles, no new joint swelling, absent patellar reflex, and no rheumatoid arthritis deformities. Her medications included glucosamine, diclofenac, flurbiprofen, and Fexmid. The treatment plan requested to continue medications, routine lab work, physical therapy for rheumatoid arthritis and low back pain, and a VQ lumbar back brace. The Request for Authorization form was submitted for review on 09/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x12 QTY: 36 for multiple body parts:** Upheld

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

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

**Decision rationale:** The request for physical therapy 3x12 qty: 36 for multiple body parts is not medically necessary. The injured worker had unspecified, unmeasured pain to her total body. The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks and a continuation of active therapy at home as an extension of the treatment process. There is no documentation of functional deficits. The body parts involved were not specified to established medical necessity. There is a lack of documentation of pain. Additionally, 36 sessions of physical therapy greatly exceeds the guideline recommendations for an initial or general course of physical therapy. Given the above, the use of physical therapy is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back, Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 308.

**Decision rationale:** The request for a lumbar brace is not medically necessary. The injured worker had unspecified, unmeasured pain to her total body. The California MTUS/ ACOEM Guidelines do not recommend lumbar support for the treatment of low back pain disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There is a lack of documentation indicating the injured worker had significant low back pain or instability. The rationale for the lumbar brace was not provided for review. As the use of lumbar supports is not recommended per the evidence based guidelines, the request is not supported at this time. Therefore, the request is not medically necessary.