

<b>Case Number:</b>	CM14-0031407		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Orthopedic 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 injured worker is a 45-year-old female injured on March 1, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 9, 2014, however, are handwritten and difficult to read. Another note, dated April 28, 2014, indicated that there were ongoing complaints of neck pain and right shoulder pain. The injured employee complained of numbness and tingling in his right arm as well as limited range of motion. The physical examination demonstrated tenderness along the cervical spine with spasms as well as tenderness in the right wrist. There were positive Tinel's test and Phalen's test at the wrist. There was decreased right shoulder range of motion. Diagnoses included cervical spine pain status post fusion of C3 through C6, right shoulder pain, right sided carpal tunnel syndrome and right lateral epicondylitis. Treatment plan included a computed tomography (CT) scan of the cervical spine to evaluate for a nonunion, acupuncture for the right elbow and an updated magnetic resonance imaging (MRI) of the right elbow. Robaxin was prescribed. A request had been made for the lumbar spine support and 12 sessions of physical therapy and was not certified in the pre-authorization process on February 21, 2014. A request for six sessions of physical therapy was certified on January 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine support and elastic band corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic (Acute & Chronic), Lumbar supports, (updated July 3, 2014).

**Decision rationale:** According to the Official Disability Guidelines, the use of a lumbar support is not recommended for prevention but as an option for treatment. The use of the brace is recommended for those who have compression fractures, spondylolisthesis, or documented instability. The injured employee has none of these conditions. Additionally, the injured employee had previously been using a lumbar spine brace, but there is no documentation noting any improvement from the prior use of this brace. For these reasons, this request for a lumbar spine support and elastic band corset is not medically necessary.

**Physical Therapy; twelve (12) sessions (two (2) times a week for six (6) weeks):** 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.

**Decision rationale:** The injured employee has previously participated in physical therapy for the lumbar spine. At this point, the employee should be well versed in what is expected of physical therapy for the lumbar spine and should be able to continue this treatment at home via a home exercise program based on Chronic Pain Medical Treatment Guidelines. This request for additional 12 sessions of physical therapy is not medically necessary.