

Case Number:	CM14-0036980		
Date Assigned:	06/25/2014	Date of Injury:	03/26/2013
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and 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:

The injured worker is a 39-year-old female with injury reported on 03/26/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/12/2014 reported that the injured worker complained of lower back pain with radiation of pain into the left lower extremity. The physical examination of the injured worker's lumbar spine demonstrated tenderness and spasms of the left lower back. The range of motion demonstrated flexion to 60 degrees, extension to 20 degrees and lateral bending to the right and left to 20 degrees. It was reported that the injured worker had decreased sensation at the lateral aspect of the left foot. The injured worker's diagnoses included disc protrusion, 4 mm, L5-S1, with left-sided S1 radiculopathy; pars deficit, L5 bilaterally; and grade 1 spondylolisthesis, L5 on S1. The provider requested physical therapy with ultrasound, massage and therapeutic exercise; the rationale was not provided within the clinical notes. The provider also requested a psychiatric referral due to the injured worker's anxiety and depression as a consequence of the industrial-related injury, as well as a low back brace to alleviate pain and restrict motion. The requests for physical therapy and low back brace were denied by Utilization Review dated 03/03/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with ultrasound, massage, and therapeutic exercises for the lower back, 3 times a week for 4 weeks (12 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary - Low Back, Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical Medicine; Exercise Page(s): 98; 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Ultrasound, diagnostic (imaging).

Decision rationale: The request for physical therapy (PT) with ultrasound, massage and therapeutic exercises for the lower back, 3 times a week for 4 weeks (12 visits), is not medically necessary or appropriate. The injured worker complained of lower back pain with left lower extremity radicular pain. The treating physician's rationale for the therapy that would include ultrasound, massage and therapeutic exercise was not provided within the clinical notes submitted for review. The California MTUS/ACOEM guidelines do not recommend ultrasounds for acute low back pain. Physical modalities such as massage and ultrasound have no proven efficacy in treating acute low back symptoms. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise, with or without mechanical assistance or resistance, and functional activities with assistive devices. The guidelines recommend exercise as there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The Official Disability Guidelines do not recommend PT for the diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. The rationale for the massage and ultrasound was not provided within the clinical notes; moreover, the guidelines do not recommend massage and ultrasound for the treatment of acute low back symptoms. The treating physician requested a therapeutic exercise program, but the rationale for the therapeutic exercise program and the need for physical therapy was not provided within the clinical notes. Given the information provided, there is insufficient evidence to determine the appropriateness for physical therapy with ultrasound, massage and therapeutic exercise to warrant medical necessity; therefore, the request is not found to be medically necessary or appropriate.

Lower back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

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

Decision rationale: The treating physician's request for a lower back brace is for the stated purpose of alleviating pain and restricting motion. The CA MTUS/ACOEM guidelines do not recommend the use of a lumbar support (corset) for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not offered; there is a lack of documentation indicating the injured worker has significant functional deficits requiring a lower back brace. Furthermore, the guidelines do not recommend lumbar support for the treatment of low back disorders. As such, the request is found to be not medically necessary or appropriate.