MAXIMUS Federal Services

Case Number:	CM14-0047396		
Date Assigned:	07/11/2014	Date of Injury:	10/28/2013
Decision Date:	08/12/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 64-year-old female who reported an injury on 10/28/2013 caused by an unspecified mechanism. The injured worker's treatment history included medications, MRI, and physical therapy treatment. The injured worker was evaluated on 03/05/2014, and it was documented that the injured worker had low back, posterior thigh, left leg, sciatica, neck, and left shoulder pain. The physical examination of the lumbar spine revealed spasms with limited flexion of 8 degrees to floor. The medications included Medrol Dosepak, Ultram, and Hydrocodone. Request for Authorization dated 03/05/2014 was for a lumbar brace; however, the rationale was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: 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, low back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for lumbar brace is not medically necessary. CA MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documents submitted on 03/05/2014 indicated the injured worker had been provided the back brace however, the guidelines do not recommend this option as beneficial beyond the acute phase of symptom relief. It in addition, it was documented the injured worker had received physical therapy sessions with noted improvement since attending physical therapy to her back. There is no rationale provided to warrant the request for a lumbar back brace. Given the above, the request is not medically necessary.

Physical therapy, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, low back procedure summary.

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

Decision rationale: The request for physical therapy, 8 sessions is not medically necessary. The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted for review indicated the injured worker already having an undocumented amount of physical therapy sessions. On 03/04/2014 the injured worker indicated overall improvement while attending physical therapy treatment however, there was no mentioned of long- term functional improvement for the injured worker. The request lacked frequency and what location of the body the injured worker needs physical therapy. Given the above, the request for, is not medically necessary.