

<b>Case Number:</b>	CM14-0076653		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 underlying date of injury in this case is 10/09/2010. The mechanism of injury is a fall resulting in low back pain. This patient's treating diagnoses include lumbar degenerative disc disease as well as spondylosis at L3-4 and L4-5 superimposed upon morbid obesity. On 04/24/2014, the patient's treating orthopedic physician reviewed this patient's history of ongoing low back pain that began when she initially had a controlled fall down onto her knees. The patient reported pain worse with standing, sitting, lifting, and walking and aggravated by twisting, bending, reaching, or getting out of bed. The patient continued with light-duty work. No neurological deficits were noted on exam. The treating physician recommended that the patient attend physical therapy for a back rehabilitation program and also recommended a lumbar support but noted this would need to be a custom-made orthotic because of the patient's morbid obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom made low back brace:** 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) Back-Lumbar supports.

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

**Decision rationale:** ACOEM Guidelines Chapter 12 Low Back, page 301, states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief for back pain. The medical records do not support the rationale that a custom brace would be beneficial or that morbid obesity is an exception to this guideline regarding the lack of clinical efficacy of a lumbar support. The request for a custom back brace is not supported by the treatment guidelines. This request is not medically necessary.

**physical therapy to low back 2-3 X 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 47.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends for a patient to transition to independent active home rehabilitation. The treatment guidelines anticipate that this patient would have previously transitioned to an independent home rehabilitation program. The medical records at this time do not provide a rationale as to why this patient would require supervised rather than independent home rehabilitation at this time. The current records do not offer different goals, different technique, or other rationale to suggest that current supervised physical therapy would produce a different outcome than prior therapy. For these reasons, the medical records and guidelines do not support the current request for additional physical therapy. This request is not medically necessary.