

Case Number:	CM14-0176333		
Date Assigned:	10/29/2014	Date of Injury:	04/01/2013
Decision Date:	02/03/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational Medicine 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:

Injured worker (IW) is a 61 year old male who sustained an industrial low back injury on 04/01/13 when he missed a step while coming down a platform. History of prior lumbar fusion in 1998 is documented. 05/23/13 lumbar MRI revealed an L5-S1 disc protrusion impinging the left S1 nerve root, as well as degenerative disc changes and facet joint arthropathy at multiple levels. Documented treatment to date has included medications, physical therapy, home exercises, TENS unit, psychotherapy, epidural steroid injections (ESIs), and trigger point injections (TPIs). IW received a physical therapy evaluation on 08/27/14. At that time he reported 9/10 low back pain radiating down the right leg, with inability to sit or walk for greater than 15 minutes. On physical exam he was able to forward flex and touch the thighs. Extension was 10 degrees. He completed 6 physical therapy sessions from 08/28/14 to 09/15/14. As of 09/11/14 his pain level was reduced to 7/10 and he reported sitting tolerance of 20 minutes and walking tolerance of 30 minutes. He was able to flex the trunk to touch the knees and extension remained limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-98.

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

Decision rationale: Symptoms are chronic, and office notes indicate that a home exercise program was in place prior to initiation of the most recent course of physical therapy. Some symptomatic and functional improvement is documented following the most recent round of 6 PT sessions. While limited additional therapy within MTUS guidelines may be reasonable in this case, the requested 12 PT sessions exceed the MTUS recommendation for 8-10 therapy visits for treatment of myalgia/myositis or neuralgia/neuritis/radiculitis. Exceptional factors which would support exceeding the guideline are not documented. Medical necessity is not established for the requested 12 physical therapy sessions.

LSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: ACOEM Guidelines state: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In summary of treatment recommendations ACOEM Guidelines list lumbar corsets as "Not Recommended". In the absence of documented instability, medical necessity is not established for use of an LSO (lumbosacral orthotic) back brace in this case.