

Case Number:	CM14-0190303		
Date Assigned:	11/21/2014	Date of Injury:	06/14/2013
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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:

The applicant filed a claim for chronic low back pain reportedly associated with an industrial injury of June 14, 2013. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve a request for an Aspen QuickDraw brace/lumbar support and 12 sessions of aquatic therapy. The claims administrator stated that its decision was based on an October 28, 2014 progress note and associated RFF form. The applicant's attorney subsequently appealed. In said October 28, 2014 progress note, the applicant apparently transferred care to a new primary treating provider reporting ongoing complaints of low back pain. The applicant was given a diagnosis of lumbar contusion, grade 1 lumbar spondylolisthesis, and possible L5 lumbar nerve root impingement. Twelve sessions of aquatic therapy and a lumbar support were sought while the applicant was given a 15-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. Twelve sessions of aquatic therapy were endorsed. The applicant's gait was not clearly described. The applicant was asked to continue previously provided treatment. The attending provider noted that the applicant did exhibit "normal" gait and station but then stated while noting, somewhat incongruously, that the applicant was having difficulty walking on his toes and heels. In a September 15, 2014 progress note, the applicant was described as having a normal, non-antalgic gait. The applicant was given prescriptions of Motrin and Flexeril for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen Quick Draw Brace: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date the lumbar support in question was sought, October 28, 2014, following an industrial injury of June 14, 2013. Introduction, selection, and/or ongoing use of a lumbar support were not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.

Aqua therapy lumbar spine 3 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant was described as having a normal, non-antalgic gait on office visits of September 15, 2014 and October 28, 2014, referenced above. It is not clear why aquatic therapy was sought in favor of conventional land-based therapy and/or land-based home exercises. Therefore, the request is not medically necessary.