

<b>Case Number:</b>	CM14-0204913		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/20/2002
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, 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 patient sustained injuries to his back and neck after catching a falling light that was falling towards a parked car on 4/20/02. The attending physician report dated 10/13/14 (126) indicates 90% improvement of his neck pain following recent cervical ESI. The patient continues to complain of low back pain and radiation to the lower extremities. Pain level was rated 8/10. Exam findings noted restricted lumbar range of motion. There was a positive SLR on the right. Sensory deficits were noted in the S1 dermatome bilaterally. Weakness was noted in the big toe plantar and dorsiflexors. The current diagnoses are:1. Cervical sprain/strain2. Left shoulder sprain/strain3. Mid back sprain/strain4. Lumbar sprain/strain with radiculopathyThe utilization review report dated 11/6/14 denied the request for Physical Therapy 1 Time A Week for 6 Weeks For The Low Back and LSO Brace based on lack of documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1 Time a Week for 6 Weeks for The Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The patient continues to have persistent neck and back pain with radiation into the lower extremities bilaterally. The current request is for Physical Therapy 1 Time A Week for 6 Weeks For The Low Back. The MTUS guidelines recommend physical therapy. However, in this case, the patient's injury was 4/20/02, over 12 years ago. The records provide no medical support for physical therapy at this time. There is no documentation of prior physical therapy, or benefit from the use of prior physical therapy. The records made available for this review provide no details of functional deficits or functional goals. There is no explanation as to why the patient would not benefit from a home exercise program. As such, therefore the request is not medically necessary.

**LSO 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

**Decision rationale:** The patient continues to have persistent neck and back pain with radiation into the lower extremities bilaterally. The current request is for LSO Brace. The treating physician recommends the brace but provides no discussion of why the brace is being requested. ODG states that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis with documented instability, or post-operative treatment. In this case, the provided records do not mention fracture, spondylolisthesis, instability, or postoperative treatment. As such, therefore the request is not medically necessary.