

Case Number:	CM15-0142250		
Date Assigned:	08/03/2015	Date of Injury:	12/04/2013
Decision Date:	08/28/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old female with an industrial injury dated 12-04-2013. Her diagnosis was lumbar spine strain-sprain rule out lumbar disc with radiculitis-radiculopathy. Prior treatment included epidural steroid injection with 90% pain relief. She presented on 06/10/2015 with complaints of debilitating pain in the lumbar spine. The pain was localized and did not radiate. Physical exam noted paraspinal tenderness with paraspinal spasms noted. There was facet joint tenderness at lumbar 3, lumbar 4 and lumbar 5 bilaterally. The treatment plan included lumbar brace and physical therapy. The treatment request is for LSO brace and physical therapy, twelve (12) sessions (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 138-139.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for low back pain. When seen, she was having debilitating back pain after being in bed for four days due to illness. Physical examination findings included decreased lumbar spine range of motion with positive left straight leg raising. Cross straight leg raising was positive. There was paraspinal muscle tenderness with spasms. There was decreased lower extremity sensation and strength. There was bilateral facet joint tenderness. Prior treatments documented include an epidural steroid injection and medications. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery or had a recent injury. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.

Physical therapy, twelve (12) sessions (2x6): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for low back pain. When seen, she was having debilitating back pain after being in bed for four days due to illness. Physical examination findings included decreased lumbar spine range of motion with positive left straight leg raising. Cross straight leg raising was positive. There was paraspinal muscle tenderness with spasms. There was decreased lower extremity sensation and strength. There was bilateral facet joint tenderness. Prior treatments documented include an epidural steroid injection and medications. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.