

Case Number:	CM15-0144662		
Date Assigned:	08/05/2015	Date of Injury:	08/12/2003
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

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

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 71 year old male, who sustained an industrial injury on 08-12-2003 secondary to sitting while working all day. On provider visit dated 07-09-2015 the injured worker has reported back pain with some left leg numbness. On examination of the positive straight leg raise, and tenderness in the iliolumbar ligament, decreased sensation in left foot, left range of motion of the back in all planes. The diagnoses have included myofascial pain syndrome, lumbar spine strain and lumbosacral radiculopathy. Treatment to date has included chiropractic treatment, medication and home exercise program. The provider requested 8 sessions of chiropractic treatment for the lumbar spine and a back brace to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Chiropractic Treatment for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: 8 sessions of Chiropractic Treatment for the Lumbar Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for the lumbar spine a trial of 6 visits over 2 weeks, with evidence of objective functional improvement is recommended with a total of up to 18 visits over 6-8 weeks. The documentation indicates that the patient has had prior chiropractic treatment, however there is no evidence of objective functional improvement from prior chiropractic care that 8 more sessions are not medically necessary.

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298; 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- lumbar support.

Decision rationale: 1 back brace is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The ODG states that a back brace can be used in spondylolisthesis, documented instability, and can be used for treatment of nonspecific LBP but there is very low-quality evidence for this use. The documentation submitted does not reveal instability or extenuating reasons to necessitate a lumbar brace and therefore the request for lumbar support is not medically necessary.