

Case Number:	CM15-0166181		
Date Assigned:	09/11/2015	Date of Injury:	03/20/2015
Decision Date:	10/15/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for neck, low back, and knee pain reportedly associated with an industrial injury of March 28, 2015. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for a lumbar support and additional physical therapy for the lumbar spine. The claims administrator referenced a July 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 9, 2015, the applicant reported ongoing complaints of shoulder, thumb, and upper extremity pain. Voltaren, Protonix, and tramadol were endorsed, along with additional occupational therapy and a psychological consult. The applicant's work status was not detailed. On June 11, 2015, the applicant reported multifocal complaints of low back, knee, hand, and wrist pain. The applicant was working regular duty, it was stated in one section of the note. A brace was apparently endorsed while Voltaren, Protonix, and Ultram were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: No, the request for a lumbar spine brace (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, outside of the acute phase of symptom relief as of the date of the request, July 9, 2015, following an industrial injury of March 30, 2015. Introduction, selection, and/or ongoing usage of the lumbar support was not indicated as of this stage in the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.

Additional physical therapy for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Similarly, the request for additional physical therapy for the lumbar spine in unspecified amounts was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, the request for additional therapy in unspecified amounts was inherently ambiguous, open to a number of different interpretations and, by implication, at odds with the MTUS Guideline in ACOEM Chapter 3, page 48. Therefore, the request was not medically necessary.