MAXIMUS Federal Services

Case Number:	CM15-0166419		
Date Assigned:	09/04/2015	Date of Injury:	05/19/2013
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 2013. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for a lumbar support and reportedly partially approved a request for eight sessions of physical therapy as two sessions of the same. The claims administrator referenced a July 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. Norco was renewed while the applicant was kept off of work. The applicant was apparently trying to pursue spine surgery, it was suggested. On July 14, 2015, the applicant reported ongoing complaints of low back pain, reportedly severe. The applicant was in the process of pursuing a discectomy procedure. Neurontin and Tramadol were endorsed while Norco was discontinued. Additional physical therapy was sought. A lumbar support was prescribed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar spine, 2 times wkly for 4 wks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, it was reported on the July 14, 2015 office visit at issue. The attending provider seemingly suggested that the applicant was a candidate for lumbar discectomy surgery. The applicant remained dependent on opioid agents such as Tramadol and non-opioid agents such as Neurontin; it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional eight sessions of physical therapy was not medically necessary.

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar supports.

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

Decision rationale: Similarly, the request for a back brace (AKA lumbar support) was likewise 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 lasting benefit beyond the acute phase of symptoms relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, July 14, 2015, following an industrial injury of May 19, 2013. Introduction, selection, and/or ongoing usage of lumbar support was not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.