

Case Number:	CM15-0169377		
Date Assigned:	09/10/2015	Date of Injury:	05/07/2013
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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 47 year old male who sustained an industrial injury on 5-7-13. In a progress report dated 7-10-15, the treating physician notes the injured worker is seen in follow up for his left wrist, cervical spine and lumbar spine. The injured worker states "he has continued pain to the left wrist as well as other body parts." Objective findings note that he continues to have back pain greater than cervical spine. He has been going to physical therapy, which is reported as helping with pain and range of motion. The treatment plan is for physical therapy 3 times a week for 4 weeks to regain core strengthening and dynamic lumbar stabilization to the lumbar spine, cervical spine and left wrist and a lumbar spine brace. He was prescribed Norco 10-325mg #50. Work status is to return to modified work with restrictions on 7-10-15. The requested treatment of physical therapy for the lumbar spine, cervical spine, left wrist 3 times weekly for 4 weeks, 12 sessions and a lumbar brace was not approved on 8-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar spine, Cervical spine, and Left Wrist, 3 times wkly for 4 wks, 12 sessions: Upheld

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

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 May 2013 and continues to be treated for neck, low back, and left wrist pain. In May 2015, he was having worsening low back pain since returning to work. He was having left wrist pain. Authorization for physical therapy was requested. When seen for follow-up, he was having ongoing back and neck pain. Physical therapy was helping with pain and range of motion. No physical examination findings were recorded at either visit. Authorization for an additional 12 physical therapy treatments and for a lumbar spine brace was requested. Norco was prescribed. In this case, there is no new injury and claimant has recently had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services is in excess of what might be needed to finalize the claimant's home exercise program and would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.

Lumbar brace: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in May 2013 and continues to be treated for neck, low back, and left wrist pain. In May 2015, he was having worsening low back pain since returning to work. He was having left wrist pain. Authorization for physical therapy was requested. When seen for follow-up, he was having ongoing back and neck pain. Physical therapy was helping with pain and range of motion. No physical examination findings were recorded at either visit. Authorization for an additional 12 physical therapy treatments and for a lumbar spine brace was requested. Norco was prescribed. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. 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 a recent fusion. 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 is not medically necessary.