

Case Number:	CM15-0181556		
Date Assigned:	09/22/2015	Date of Injury:	02/19/2003
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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 70-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 19, 2003. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for 16 sessions of physical therapy and a lumbar support. The claims administrator referenced an August 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 21, 2015 office visit, the applicant reported ongoing complaints of upper extremity pain and paresthesias, 3/10. The applicant was asked to continue Norco, Lidoderm, Xanax, diclofenac, and Colace. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place. The applicant was, however, asked to continue home exercises. The attending provider stated toward the top of the note that the applicant had "minimal pain" at current activity levels. The note was somewhat sparse and did not seemingly discuss the lumbar support at issue. 3/10 pain complaints were reported. In a separate note also dated August 21, 2015, authored by the same provider, the applicant reported ongoing complaints of shoulder and back pain. A lumbar support was endorsed on this date while Vicodin, Lidoderm, diclofenac, Xanax, and Colace were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Sessions physical therapy for the low back: 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): Physical Medicine.

Decision rationale: No, the request for 16 sessions of physical therapy for the low back was not medically necessary, medically appropriate, or indicated here. The 16 sessions of physical therapy at issue, in and of itself, represented treatment in excess of 9- to 10- session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates the applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, one of the attending provider's August 21, 2015 progress note did state that the applicant was independently performing home exercises, seemingly obviating the need for the protracted, 16-session course of physical therapy at issue. Therefore, the request was not medically necessary.

Lumbar 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: Similarly, the request for a lumbar 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 symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, August 21, 2015, following an industrial injury of February 19, 2003. Introduction, selection, and/or ongoing usage of a 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.