

Case Number:	CM15-0184019		
Date Assigned:	09/24/2015	Date of Injury:	06/27/1984
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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, Florida, 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:

This 83 year old male sustained an industrial injury on 6-27-84. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis with neurogenic claudication, lumbago, acquire spondylolisthesis and lumbosacral neuritis. Recent treatment consisted of five sessions of physical therapy and medications. In a progress note dated 4-20-15, the injured worker complained of axial pain and minimal radicular pain. Physical exam was remarkable for lumbar spine with tenderness to palpation at left L3-4, L4-5 and the right lumbosacral area near the sacroiliac joint, with range of motion "reduced by about 50%", 4 out of 5 left quadriceps, tibialis anterior and peroneal strength and intact lower extremity sensation. The treatment plan included physical therapy twice a week for four weeks. In a PR-2 dated 8-10-15, the injured worker reported completing 5 sessions of physical therapy with no significant relief. The injured worker now exhibited new left foot drop. Physical exam was otherwise unchanged. The treatment plan included additional physical therapy twice a week for six weeks. On 8-27-15, Utilization Review noncertified a request for a lumbar brace and additional physical therapy twice a week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: The injury was in 1984. Diagnoses were lumbar stenosis with neurogenic claudication, back pain, spondylolisthesis and lumbosacral neuritis. There had been physical therapy and medicine. There was a new left foot drop. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is appropriately not certified and therefore is not medically necessary.

Additional Physical Therapy 2 times a week for 6 weeks for the lumbar spine: 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: The injury was in 1984. Diagnoses were lumbar stenosis with neurogenic claudication, back pain, spondylolisthesis and lumbosacral neuritis. There had been physical therapy and medicine. There was a new left foot drop. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified and therefore is not medically necessary.

