

Case Number:	CM15-0190306		
Date Assigned:	10/02/2015	Date of Injury:	03/08/2015
Decision Date:	11/13/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Massachusetts

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 injured worker is a 54 year old female, who sustained an industrial injury on 3-8-15. Medical records indicate that the injured worker is undergoing treatment for low back pain. The injured worker was currently working with modified duties. On (8-31-15) the injured worker complained of low back pain rated 4 out of 10 on the visual analogue scale. The injured worker denied any radiating symptoms. The pain was noted to be worse with working. Examination of the lumbar spine revealed tenderness to palpation over the right lumbar paraspinal regions. Range of motion was decreased. Subsequent progress reports dated 8-28-15 and 7-17-15 note the injured workers low back pain level to be 2-3 out of 10. Treatment and evaluation to date has included medications, a home exercise program and chiropractic treatments (3) with 20 % relief. The injured worker denied having any physical therapy sessions. Current medications include Ultracet. Medications tried and failed include Advil, Relafen and Capsaicin cream (discontinued due to burning). The treating physician recommended physical therapy to the lumbar spine to improve core strength, improve range of motion and to help increase the injured workers activity level. The request for authorization dated 8-31-15 includes requests for physical therapy to the lumbar spine # 8, one lumbar corset and one mesh back support. The Utilization Review documentation dated 9-19-15 non-certified the requests for physical therapy to the lumbar spine # 8, one lumbar corset and one mesh back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine Qty: 8.00: Overturned

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: According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. The current request for therapy is an initial series of 8 sessions of lumbar spine physical therapy. There are no contraindications of PT and a short course physical therapy will greatly improve the efficacy of the injured workers home exercise program. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are indicated at this time. Therefore, the request is medically necessary.

Mesh back support Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Supports.

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

Decision rationale: According to ACOEM guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies". A mesh back support is requested as a type of lumbar support. Given the lack of clinical efficacy and supporting clinical evidence, the requested Mesh Back Support is not medically necessary.

Lumbar corset Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Supports.

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

Decision rationale: According to ACOEM guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies". A Lumbar Corset is requested as a type of lumbar support. Given the lack of clinical efficacy and supporting clinical evidence, the requested Lumbar Corset is not medically necessary.