

Case Number:	CM15-0192806		
Date Assigned:	10/06/2015	Date of Injury:	02/28/2014
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/01/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with industrial injury of February 28, 2014. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve requests for lumbar brace purchase and six sessions of physical therapy for the lumbar spine. The claims administrator referenced an August 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 27, 2015 office visit, the applicant reported ongoing complaints of low back pain 7/10. The applicant was using a variety of medications to include tramadol, butalbital, Neurontin, and Flexeril. Pain complaints as high as 7/10 was reported. The applicant's sleep quality was poor. The applicant completed 11 weeks of physical therapy treatments, it was stated. The applicant exhibited a visibly antalgic gait. Additional physical therapy was sought. The attending provider then stated toward the bottom of report the applicant had completed 16 physical therapy treatments to date. The applicant was given a rather proscriptive 10-pound lifting limitation, which the treating provider suggested (but did not clearly state) that the applicant's employer was unable to accommodate. A lumbar support was also sought. On an earlier note dated July 21, 2015 the same, unchanged, rather proscriptive 10-pound lifting limitation was renewed. Once again, it did not appear the applicant was working with said limitations in place, altogether this was not explicitly stated. On May 21, 2015, the applicant again reported ongoing complaints of low back pain. Once again, the same, unchanged, rather proscriptive 10-pound lifting limitation was renewed. It was not explicitly

stated whether the applicant was not working at this point, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Back braces/Lumbar supports.

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

Decision rationale: No, the request for a lumbar brace (AKA a lumbar support) is 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 any lasting benefits beyond the acute phase of symptoms relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptoms relief, as of the date of the request, August 27, 2015, following an industrial injury of February 28, 2014. 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 is not medically necessary.

Physical therapy 3 x 2 wks, Lumbar spine: Upheld

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

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

Decision rationale: Similarly, the request for six sessions of physical therapy for the lumbar spine is likewise not medically necessary, medically appropriate, or indicated here. The applicant had had 16 prior treatments through the date of the request, the treating provider reported on August 27, 2015, i.e., seemingly in excess of the 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 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, however, that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. The same, unchanged, rather proscriptive 10-pound lifting limitation was renewed on August 27, 2015, despite receipt of 16 prior sessions of physical therapy through that point in time. The applicant remained dependent on barbiturate agents such as butalbital and opioid agents such as tramadol, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

