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| <b>Case Number:</b>   | CM15-0218115 |                              |            |
| <b>Date Assigned:</b> | 11/10/2015   | <b>Date of Injury:</b>       | 01/14/2012 |
| <b>Decision Date:</b> | 12/24/2015   | <b>UR Denial Date:</b>       | 10/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 66 year old female, who sustained an industrial-work injury on 1-14-12. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain strain and sprain, lumbar disc disease and radiculopathy of the left lower extremity (LLE). Treatment to date has included pain medication, occupational therapy at least 6 sessions right hand, lumbar epidural steroid injection (ESI), diagnostics and other modalities. Medical records dated 9-15-15 indicate that the injured worker complains of pain in the low back that is severe and increased with lifting, standing, walking, bending and cold and rainy weather. She reports tingling and numbness in the left lower extremity (LLE) and weakness. Per the treating physician report dated 9-15-15 the injured worker has not returned to work. The physical exam dated 6-17-15 reveals tenderness of the lumbar region to palpation, muscle spasm was noted, and flexion forward with the fingertips to within 41 centimeters of the floor. The sitting straight leg raise was positive bilaterally with back and leg pain noted. There is no previous physical therapy sessions noted related to the lumbar region. The requested services included Lumbar spine physical therapy two times a week for six weeks and Lumbosacral brace. The original Utilization review dated 10-15-15 modified the request for Lumbar spine physical therapy two times a week for six weeks modified to 6 initial visits with re-evaluation afterwards. The request for the Lumbosacral brace was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine physical therapy two times a week for six weeks: 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.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing pain in the neck, lower back that went into the left leg, right arm, and left eye; knee clicking; left arm weakness; right arm weakness, swelling, numbness, and tingling; and headaches. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for twelve physical therapy sessions for the lumbar spine region done twice weekly for six weeks is not medically necessary.

**Lumbosacral brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 308.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back that went into the left leg, right arm, and left eye; knee clicking; left arm weakness; right arm weakness, swelling, numbness, and tingling; and headaches. There was no discussion sufficiently describing education of proper body positioning with activities, detailing the reasons a back brace would be helpful, or suggesting special circumstances that supported this request. In the absence of such evidence, the current request for the rental or purchase of a lumbosacral back brace is not medically necessary.