

<b>Case Number:</b>	CM15-0030211		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old male, who sustained an industrial injury on 9/3/2014. The diagnoses have included lumbago and acquired spondylolisthesis. Treatment to date has included physical therapy, chiropractic therapy, activity modification and medications. Currently, the injured worker complains of low back pain which he rated a 6 on a 10-point scale. He denies numbness and tingling associated with the back pain and has a non-antalgic gait. He has tenderness of the lumbar spine and pain with movement. On February 17, 2015 Utilization Review non-certified a request for one lumbar corset back brace and physical therapy for the lumbar spine, noting that braces are not recommended for prevention purposes and noting that there is no documentation of functional improvement following previous sessions of physical therapy. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 18, 2015, the injured worker submitted an application for IMR for review of one lumbar corset back brace and physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar corset back brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for ONE LUMBAR CORSET BACK BRACE on 2/5/15 "in the setting of a isthmic lytic spondylolisthesis." X-ray of lumbar, date unspecified, shows "Grade 1 spondylolisthesis of L5 on S1. Significant disc space collapse with endplate sclerotic changes" per 2/5/15 report. Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient does have a diagnosis of acquired spondylolisthesis per 2/5/15 report, which is indicated by ODG guidelines for a back brace. The requested lumbar corset brace IS medically necessary.

**Physical therapy (PT) 2 times 6 for lumbar spine (12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for PHYSICAL THERAPY 2 TIMES 6 FOR LUMBAR SPINE (12) on 2/5/15 "to focus on stabilization program for his lower back guided toward a home exercise program." The patient had 12 prior physical therapy visits which are helping per 2/5/15 report. The patient has not had any prior surgeries per 2/15/15 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 12 recent sessions of physical therapy which was effective. A short course of treatment may be reasonable for a flare-up, declined function or new injury but the request is for 12 additional sessions. The treater does not explain why additional therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 12 physical therapy sessions exceed MTUS guidelines. The request IS NOT medically necessary.