

<b>Case Number:</b>	CM15-0039857		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 40-year-old female who sustained a work related injury November 15, 2013. While working as a nurse's assistant, she was repositioning a large patient, and injured her lower back. According to a primary treating physician's report dated February 1, 2015, the injured worker presented with worsening low back pain and spasm in her legs, especially the right. She notified the physician she is pregnant and due in August. She had received a nerve block in the past, which provided brief relief but the pain returned, rated 6-7/10. Other treatment also included physical therapy and oral analgesics. MRI of the lumbar spine revealed a small central herniated disc at L4-5 with a central and more rigid right sided extrusion at L5-S1. Impression is documented as persistent back and right lower extremity pain and sciatica in the setting of two level disc herniation with resulting stenosis and sciatica type symptoms as well as a ventral hernia. Treatment plan included recommending L5-S1 laminectomy for right sided herniation after she delivers; physical therapy and back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6, lumbar spine:** 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:** The patient was injured on 11/15/13 and presents with low back pain. The request is for physical therapy 2 x 6 for the lumbar spine. There is no RFA provided and as of 01/29/15, the patient is to remain off work for 6 weeks. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with lumbar HNP and sciatica. In this case, the treater is requesting for a total of 12 visits of physical therapy, which exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy is not medically necessary.

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The patient was injured on 11/15/13 and presents with low back pain. The request is for a DME back brace. There is no RFA provided and as of 01/29/15, the patient is to remain off work for 6 weeks. ACOEM chapter 12 page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. In this case, the patient was injured on 11/15/13 and has chronic low back pain. ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the requested DME back brace is not medically necessary.