

Case Number:	CM15-0043366		
Date Assigned:	03/13/2015	Date of Injury:	09/20/2000
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male who sustained an industrial injury on 09/20/2000. Diagnoses include lumbar post laminectomy syndrome, lumbar sprain/strain, and lumbar myalgia/myositis, and lumbar intradiscal electro thermal annuloplasty x 2, dates unknown. Treatment to date has included medications, and epidural steroid injections. A physician progress note dated 01/16/2015 documents the injured worker returns for treatment of a flare-up of low back pain with radiating pain and burning into his left leg. He has an altered gait, but no overt foot drop. His pain level is constant moderate to severe. Range of motion is decreased especially in the right and left lateral flexion at 10 degrees, with complaints of severe pain and lumbar paravertebral spasm. Treatment requested is for chiropractic/physical therapy treatment 2 x 3 for a flare-up, and Lumbar brace/corset (to replace old one).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physical therapy treatment 2 x 3 for a flare-up: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. On the date of service, he had a flare-up of symptoms with left lower extremity radicular pain and an altered gait. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore medically necessary.

Lumbar brace/corset (to replace old one): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary, lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138- 139.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. On the date of service, he had a flare-up of symptoms with left lower extremity radicular pain and an altered gait. He has worn a lumbar orthosis on a long term basis. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone recent surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.