

Case Number:	CM15-0085221		
Date Assigned:	05/07/2015	Date of Injury:	11/22/2010
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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 48-year-old male who sustained a work related injury November 22, 2010. According to a primary treating physician's report, dated February 2, 2015, the injured worker complains of lower back pain, rated 5/10. He has completed six sessions of chiropractic therapy with some reduction in pain. Diagnoses included severe lateral recess stenosis L3-5; intermittent right leg radiculopathy; L2-5 disc degeneration; facet arthropathy L3-5. Treatment included additional chiropractic treatment, medication and urine toxicology screening. According to a partial physician's progress report, dated March 16, 2015, diagnoses included lumbago; cervical disc degeneration; disc degeneration; lumbosacral spondylolysis; lumbar radiculopathy and right inguinal hernia. Treatment plan included apply heat to affected area, medication, consider referral to pain management and at issue, a request for physical therapy, back brace, and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the lumbar spine: Upheld

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

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

Decision rationale: Based on the 02/06/15 progress report provided by treating physician, the patient presents with low back pain. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 04/13/15 includes lumbago. Physical examination to the lumbar spine on 02/06/15 revealed tenderness to palpation and spasm. Positive Straight leg raise, Ober, Rectus Femoris, and Thomas tests. Treatment to date included physical therapy, chiropractic, imaging studies, and medications. Patient's medications include Flexeril, Tramadol, and Ibuprofen. The patient is temporarily totally disabled, per 12/16/14 report. Treatment reports were provided from 03/17/14 - 03/16/15. MTUS pages 98, 99 have 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." RFA with the neither request, nor medical rationale for the request were provided. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per physical therapy notes dated 10/07/14, the patient attended 6 authorized sessions, and per physical therapy notes dated 04/14/15, the patient attended 7 of 12 authorized sessions. In this case, treater has not documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor is reason patient unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS 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 Chapter, lumbar supports, Back brace, post operative (fusion).

Decision rationale: Based on the 02/06/15 progress report provided by treating physician, the patient presents with low back pain. The request is for BACK BRACE. Patient's diagnoses per RFA form dated 04/13/15 requesting physical therapy include lumbago. Physical examination to the lumbar spine on 02/06/15 revealed tenderness to palpation and spasm. Positive Straight leg raise, Ober, Rectus Femoris, and Thomas tests. Treatment to date included physical therapy, chiropractic, imaging studies, and medications. Patient's medications include Flexeril, Tramadol, and Ibuprofen. The patient is temporarily totally disabled, per 12/16/14 report. Treatment reports were provided from 03/17/14 - 03/16/15. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended

for treatment, but possibly used for prevention if the patient is working. ODG Low Back & Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option 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)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." RFA with the neither request, nor medical rationale for the request were provided. UR letter dated 04/24/15 states "...a back brace has already been approved on 9/9/14..." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no documentation of recent back surgery, either. Furthermore, ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.

MRI lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs.

Decision rationale: Based on the 02/06/15 progress report provided by treating physician, the patient presents with low back pain. The request is for MRI LUMBAR SPINE. Patient's diagnoses per RFA form dated 04/13/15 requesting physical therapy include lumbago. Physical examination to the lumbar spine on 02/06/15 revealed tenderness to palpation and spasm. Positive Straight leg raise, Ober, Rectus Femoris, and Thomas tests. Treatment to date included physical therapy, chiropractic, imaging studies, and medications. Patient's medications include Flexeril, Tramadol, and Ibuprofen. The patient is temporarily totally disabled, per 12/16/14 report. Treatment reports were provided from 03/17/14 - 03/16/15. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". RFA with the neither request, nor medical rationale for the request were provided. Per treating report dated 02/06/15, the patient had MRI of the lumbar spine on 07/26/11 and 07/22/13. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection,

tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.