

<b>Case Number:</b>	CM14-0146363		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41-year-old male who has submitted a claim for Lumbar Radiculopathy, Lumbar Degenerative Disc Disease, and Failed Back Surgery Syndrome, associated with an industrial injury dated December 26, 2007. Medical records from December 2013 to August 2014 were reviewed, which showed chronic severe low back, groin, and bilateral lower extremity pain. Pain score was 10/10 without medications and 5-6/10 with medication. Physical examination from progress notes dated 08/12/2014 showed tenderness on the left lower paraspinals and L4-L5 area. Sensory testing was normal. There was likewise limited ranges of motion for the lumbosacral spine. The gait is antalgic with noted abnormal posture, decompensated in the sagittal plane. Physical exam of lower extremities showed decreased strength bilaterally with decreased sensation on right L5-S1 and left L4-S1. Appeal letter from 07/15/2014 cited that patient would benefit from a LSO corset since he has postural issues and has shown benefit with a back brace in the past. Treatment to date has included lumbar surgery in November 2010, physical therapy, chiropractics, epidural steroid injections and medications, Oxycodone, Prilosec, Docusate sodium, Voltaren, Prozac, and Clonazepam. Utilization review from 08/21/2014 denied the request for post-operative PT visits #8 since last documented operative procedure was in 2010. Likewise, request for LSO corset was denied since use of lumbar supports for postoperative care is only in the initial weeks/ months following a procedure. The patient is now almost 4 years out from the previous operative intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of postoperative physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient underwent a lumbar surgery last November 2010, which is already clearly at least 4 years ago. From medical records provided, patient has already undergone physical therapy although the specific period, number of sessions, and response from such sessions were not stated. It is also unclear whether the patient is already on a home exercise program. Moreover, future plans for any operative intervention was not stated in the progress notes provided. Moreover, body part to be treated is not specified. Therefore, the request for 8 sessions of post-operative physical therapy is not medically necessary.

**LSO corset:** 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:** As stated on page 301 of the CA MTUS ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. They are recommended for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of non-specific LBP as conservative treatment. In this case, the patient's date of injury was 12/26/2007 and has undergone lumbar surgery last November 2010, therefore the patient has been suffering from chronic back pain. Appeal letter from 07/15/2014 cited that patient would benefit from a LSO corset since he has postural issues and has shown benefit with a back brace in the past. From medical records provided, there is no clear documentation of low back instability in this patient. It was also unclear when the patient used a back brace and whether there were documented subjective and objective benefits from using such. There is no indication for use of lumbar supports for prevention and very low-quality evidence for conservative management of low back pain. Therefore, the request for LSO corset is not medically necessary.