

Case Number:	CM14-0210306		
Date Assigned:	12/23/2014	Date of Injury:	09/16/2011
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 56-year-old female with an injury date of 09/16/2011. The utilization review denial letter states that the patient has pain in her neck, back, shoulders, elbows, hips, knees, and feet as well as increased stress. She has decreased sensation to light touch in the lateral shoulder. The 05/29/2014 report indicates that the patient has hypertension and chronic pain developing in her neck and back. "The patient states that she has developed burning stomach pain." The patient's diagnoses include the following: 1.Cervical spine disk bulges. 2.Lumbar spine disk bulges. 3.Status post left shoulder surgeryThe utilization review determination being challenged is dated 11/18/2014. There is one treatment report provided from 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support: Upheld

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

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.

Decision rationale: The patient presents with pain in her neck, back, shoulders, elbows, hips, knees, and feet. The request is for Lumbar Support. There are no positive exam findings regarding the lumbar spine provided. ACOEM Guidelines 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." ODG Guidelines under its low back chapter, lumbar supports states, "prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Under treatment, ODG further states "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment of nonspecific LBP (very low quality evidence, but may be a conservative option)." The report with the request is not provided, nor is there any discussion regarding this request. In this case, the patient is diagnosed with cervical and lumbar spine disk bulges. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. The requested lumbar support IS NOT medically necessary.2. Single Point Cane is not medically

Single Point Cane: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter, walking aids (canes, crutches, braces, orthoses, and walker).

Decision rationale: The patient presents with pain in her neck, back, shoulders, elbows, hips, knees, and feet. The request is for a Single Point Cane. The utilization review denial rationale states "the records show that the claimant already has a cane. There is nothing in the records to show how the claimant's condition requires her to walk with a cane. This examiner can find no explanation on the records for why the claimant needs an entire new cane. If the tip is worn, it should stand to reason that the tip should be replaced." The report with the request was not provided, nor is there any discussion regarding this request. ODG Guidelines under knee and leg chapter, walking aids (canes, crutches, braces, orthoses, and walker) section states the following: "recommended, as indicated below. Almost half of the patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid." The reason for the request was not provided; however, it appears that the patient already has a cane he uses. There is no discussion regarding the need for a new single point cane. Therefore, the requested single-point cane IS NOT medically necessary.

8 Physical Therapy Sessions for the Cervical Spine, Lumbar Spine, and Bilateral Shoulder (1x8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents with pain in her neck, back, shoulders, elbows, hips, knees, and feet. The request is for 8 Physical Therapy Sessions For The Cervical Spine, Lumbar Spine, Bilateral Shoulder. The patient has decreased sensation to light touch in the lateral shoulder. MTUS page 98 through 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review denial letter states that the claimant has already received more than 24 visits of PT. These physical therapy notes were not provided and it is unknown how these physical therapy sessions impacted the patient's pain and function. An additional 8 sessions of physical therapy to the 24 sessions of physical therapy the patient has already had would exceed what is allowed by MTUS Guidelines. Therefore, the requested additional 8 sessions of physical therapy for the cervical spine, lumbar spine, and bilateral shoulders IS NOT medically necessary.