Case Number:	CM14-0210342		
Date Assigned:	12/23/2014	**Date of Injury:**	12/26/2007
Decision Date:	03/04/2015	**UR Denial Date:**	11/24/2014
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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 man who sustained a work-related injury on December 26, 2007. Subsequently, he developed chronic low back pain. Prior treatments included: physical therapy, home exercises, chiropractic sessions, interlaminar epidural steroid injection (with 3 months of at least 60% improvement in pain and function), and SCS implant in February of 2013 (which was explanted in 2014). According to a follow-up report dated November 26, 2014, the patient reported severe low back, groin and bilateral lower extremity pain. He also reported increasing spasms in his lower extremities, left greater that right, and low back. The patient also noted increase in frequency of urination, mainly at night. The patient rated his pain level as a 10/10 without medication and 5/10 with medication. The Patient had a lumbar surgery in November 2010. His legs were tingling after the surgery and now the pain is excruciating. Examination of the lumbar spine revealed tenderness at L4-L5 dermatomes. TTP paraspinals, especially over the right sided implanted SCS. Hip flexor was 4/5 bilaterally with back pain and give-way weakness. Sciatic notch tenderness present bilaterally. Range of motion was restricted by pain. Sitting straight leg raise was positive bilaterally. There was decreased bilateral lower extremity motor strength. Apportion of the right lower extremity weakness was limited by groin and low back pain. Sensation to pin was decreased left L2, left L3, left L4, and left S1. Sensation to light touch was decreased at the bilateral lower extremities. Deep tendon reflexes in the lower extremities were decreased but equal. The patient was diagnosed with lumbar radiculoptahy, erectile dysfunction, degenerated lumbar disc disease, failed back surgery syndrome, and depression. The provider requested authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2x4: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007).The patient underwent several physical therapy sessions without documentation of clear benefit. Therefore, physical Therapy x8 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: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for LOS corset is not medically necessary.