

<b>Case Number:</b>	CM15-0015622		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/19/2003
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 69-year-old male, with a reported date of injury of 02/19/2003. The diagnosis include lumbar spine herniated disk. Treatments have included oral medications. The progress report dated 12/05/2014 indicates that the injured worker complained of mild to moderate pain in this lower back. The pain radiated to the bilateral lower extremities. The objective findings for the lumbar spine included extension at 15 degrees, palpable spasm and tenderness, normal motor, reflex, and sensory of the lower extremities, and straight leg raise test produced pain in the lumbar spine bilaterally. The treating physician requested physical therapy two times a week for eight weeks for the lumbar spine, since the injured worker had an exacerbation of pain with limited range of motion and spasm; and a lumbar brace in light of the increased symptoms. It was also noted that the brace would help to support the injured worker's spine condition. On 12/31/2014, Utilization Review (UR) denied the request for physical therapy two times a week for eight weeks for the lumbar spine and a lumbar back brace. The UR physician noted that there was no documentation of objective improvement from physical therapy, or why the injured worker was not able to continue with rehabilitation from a home exercise program; and braces/supports do not offer resolution of chronic low back pain. The MTUS Guidelines and the non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 8 for the lumbar:** Upheld

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

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

**Decision rationale:** This 69 year old male has complained of low back pain since date of injury 2/19/03. He has been treated with physical therapy and medications. The current request is for physical therapy 2 X 8 for the lumbar spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The patient has already received this number of sessions of passive physical therapy. The medical necessity for continued passive physical therapy is not documented as there is no documented objective evidence of improvement with prior passive physical therapy and no documentation why continuation of therapy cannot be performed on a HEP (home exercise program) basis. On the basis of this lack of documentation and per the MTUS guidelines cited above, physical therapy 2 times 8 for the lumbar spine is not indicated as medically necessary.

**Lumbar 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), Back-Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** This 69 year old male has complained of low back pain since date of injury 2/19/03. He has been treated with physical therapy and medications. The current request is for a lumbar back brace. Per the MTUS guidelines cited above, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief and are not indicated in the treatment of chronic back pain. This patient is in the chronic phase of her back pain symptoms. Per the MTUS guidelines cited above, a lumbar back brace is not indicated as medically necessary.