

Case Number:	CM15-0114983		
Date Assigned:	06/29/2015	Date of Injury:	12/14/2014
Decision Date:	07/31/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/15/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 30-year-old female, who sustained an industrial injury on 12/14/14. She reported pain in the right ankle, left buttock, and posterior thigh. The injured worker was diagnosed as having acute lumbar strain. Treatment to date has included physical therapy, a Toradol injection, and medication. Currently, the injured worker complains of low back pain with radiation to the left leg with numbness. The treating physician requested authorization for physical therapy x6 for the low back and a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 6 Low Back: 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: This patient slipped, fell, and was diagnosed with a lumbar strain on 12/14/14. She has undergone physical therapy treatments and medications. An MRI of the lumbar spine was normal. It is unclear from the records whether previous attempts at PT of the lumbar region failed or were not attempted. In any event, 7 months should be adequate to recover from a lumbar strain. Without further documentation, the request for physical therapy is deemed not medically necessary or appropriate.

Lumbar 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 chapter.

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

Decision rationale: The request for a lumbar support is not medically necessary. As noted in the MTUS/ACOEM Guidelines, lumbar supports are not recommended outside of the acute phase of symptom relief. This patient's injury was over 7 months ago. The patient is well outside the acute phase of symptom relief. There is no evidence that lumbar braces have any proven efficacy in the treatment of musculoskeletal pain. Braces are only indicated in cases of lumbar instability, such as vertebral fractures, post-op patients or severe spondylolisthesis. This patient has none of these conditions, therefore the request for a lumbar brace is deemed not medically necessary or appropriate.