

Case Number:	CM15-0021638		
Date Assigned:	02/06/2015	Date of Injury:	04/27/2011
Decision Date:	05/11/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/05/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 42 year old male who sustained a work related injury April 27, 2011. While securing a wheelchair to the floor of a bus, he experienced a popping sensation to his back and was diagnosed with a lumbar strain/sprain. According to a qualified medical examiner's psychological report, he also had a diagnosis of a left lower extremity fourth digit fracture. He was diagnosed with a left foot crush injury, treated with cortisone injections, and found to also have a Morton's interdigital neuroma. He participated in a functional restoration program in August, 2011; he found not to be helpful and completed the program May, 2012. A physician's office visit, dated July 14, 2014, the injured worker presented with ongoing pain in the lower back, bowel incontinence over the past year and now almost a daily occurrence, and stress. The pain is described as tingling, burning, aching, and gnawing, rated 6/10. There is tenderness to palpation in the lumbar paraspinals. Diagnoses are documented as abnormality of gait; low back pain; myofascial pain/myositis; sciatica. Treatment plan included refill of medication, oxycodone. At issue for requested treatments are; 8 sessions of physical therapy for the low back (2x4) and a lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy for low back (2x4 weeks): Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (13 PT sessions and 18 weeks of Functional Restoration Program) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions and during FRP. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.

Lumbar Support Brace: 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 per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why LSO brace was needed for chronic pain. LSO (Lumbar sacral orthosis) brace is not medically necessary.