

Case Number:	CM15-0064745		
Date Assigned:	04/10/2015	Date of Injury:	12/08/1997
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female, who sustained an industrial injury on December 8, 1997. The injured worker was diagnosed as having status post crush injury of the left lower extremity with subsequent open reduction and internal fixation, Complex Regional Pain Syndrome (CRPS)/Reflex Sympathetic Dystrophy Syndrome (RSD) type II, flexion contracture of digits 1-3 and ankle of the right lower extremity, sprain/strain of the lumbar spine with degenerative disc disease, right foot plantar fasciitis, and severe equinus deformity secondary to contracture as a result of the Complex Regional Pain Syndrome (RSD). Treatment to date has included bilateral L4-L5 and L5-S1 radiofrequency facet ablation, x-ray, nerve block injections, bracing, home health service, orthosis, chiropractic treatments, and medication. Currently, the injured worker complains of continued pain to the left lower extremity, rated a 6/10 at rest and an 8/10 with attempted repetitive activities, and spine pain rated a 4/10 at rest, radiating down both legs. The Primary Treating Physician's report dated February 18, 2015, noted the injured worker was using an ankle-foot orthosis and extra depth shoes, requiring a front wheeled walker for ambulation. The injured worker was noted to be unable to ambulate without assistance. The injured worker was noted to have a tremendously altered gait causing a tremendous amount of stress on her spine, increasing her pain level to 6/10 with weight bearing activities, consistent with an acute flare-up of her lumbar spine pain. Physical examination was noted to show moderate to severe tenderness from her digits to her knees with extreme hypersensitivity approaching allodynia, with equinus deformity of her right ankle, and flexion contractures in the first, second, and third digits of her right foot as well as her right Achilles tendon. Moderate

tenderness was noted throughout the lower lumbar spine with paraspinal induration consistent with paraspinal muscle spasm. The treatment plan included a request for in home care, request for authorization for six adjustments/physical therapy for the lumbar spine, request for authorization for a back corset to support the lumbar spine, and the injured worker was to continue to use the hinged brace AFO with extra-depth shoes and a front-wheeled walker to ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 treatments to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions to support the likelihood that additional therapy will result in additional improvement. In light of the above issues, the currently requested physical therapy is not medically necessary.

Back corset (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Regarding the request for a back corset, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested back corset is not medically necessary.

