

Case Number:	CM15-0094163		
Date Assigned:	05/20/2015	Date of Injury:	01/14/2015
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 23 year old male, who sustained an industrial injury on 1/14/15. The injured worker has complaints of low back pain radiating to thoracic spine. The documentation noted that the injured worker thoracic spine has decreased range of motion and painful and there is tenderness to palpation of the thoracic paravertebral muscles and there is muscle spasms of the thoracic paravertebral muscles. The diagnoses have included lumbar strain/sprain and thoracic sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the thoracic spine on 3/18/15 showed dextroconvex thoracic scoliosis and normal range of motion in flexion and extension views; motrin and pantoprazole. The request was for installation one time fee; lumbar home exercise rehab kit for purchase and aspen summit back brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen summit back brace for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Braces.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Aspen Summit back brace for purchase is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are thoracic myospasm; thoracic sprain/strain; lumbar myospasm; and lumbar sprain/strain. Subjectively, according to a March 13, 2015 progress note, the injured worker has continued subjective complaints of upper mid and low back pain. Objectively, there is tenderness palpation of the bilateral SI joints and lumbar paravertebral muscle. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for lumbar supports, Aspen Summit back brace for purchase is not medically necessary.

Lumbar home exercise rehab kit for purchase: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar home exercise rehabilitation kit for purchase is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines allow for fading of treatment frequency, plus active self-directed home physical therapy. In this case, the injured worker's working diagnoses are thoracic myospasm; thoracic sprain/strain; lumbar myospasm; and lumbar sprain/strain. Subjectively, according to a March 13, 2015 progress note, the injured worker has continued subjective complaints of upper mid and low back pain. Objectively, there is tenderness palpation of the bilateral SI joints and lumbar paravertebral muscle. The treating provider is requesting 6 physical therapy sessions in the same progress note as the request for a home exercise lumbar rehabilitation kit. A lumbar home exercise rehabilitation kit is not clinically indicated. Home-based physical therapy is an extension of physical therapy with learned exercises to be performed at home. There is no clinical rationale for a home exercise lumbar rehabilitation kit in the medical record. Additionally, it is premature to order a home exercise lumbar rehabilitation kit without any prior physical therapy or evidence of objective functional improvement with physical therapy. Consequently, absent clinical documentation with ongoing physical therapy

and evidence of objective functional improvement, lumbar home exercise rehabilitation kit for purchase is not medically necessary.

Installation 1 x fee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, installation one time fee is not medically necessary. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are thoracic myospasm; thoracic sprain/strain; lumbar myospasm; and lumbar sprain/strain. The documentation does not specify what installation of what DME is to be performed. The treatment plan, in a progress note dated March 13, 2015, discusses a five-month rental Interferential unit in addition to a home exercise rehabilitation kit. An Interferential unit one month rental is appropriate prior to purchase. A one month rental is appropriate with accompanying objective functional improvement. A five-month rental is not clinically indicated and not medically necessary. In the alternative, a lumbar home exercise rehabilitation kit is not clinically indicated. Home-based physical therapy is an extension of physical therapy with learned exercises to be performed at home. There is no clinical rationale for a home exercise lumbar rehabilitation kit in the medical record. Consequently, absent specific documentation indicating the nature of the installation, installation one time fee is not medically necessary.