

Case Number:	CM15-0096613		
Date Assigned:	05/27/2015	Date of Injury:	04/12/2012
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

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 46 year old male who sustained an industrial injury on 04/12/2012. Mechanism of injury occurred throughout the course of his employment as a machine operator. Diagnoses include chronic low back pain with radiculitis, cervical spine strain/sprain with left upper extremity radiculitis, left shoulder tendinitis, and right ankle sprain/strain. Treatment to date has included diagnostic studies, medications, physical therapy, and transforaminal epidural steroid injections. A Magnetic Resonance Imaging of the lumbar spine done on 05/11/2012 revealed mild disc degeneration of L5-S1 with 2-3mm broad based posterior disc protrusion, with mild facet joint arthropathy resulting in moderate bilateral L5-S1 foraminal encroachment. There is potential for impingement on the exiting L5 nerves bilaterally. There is a 2mm broad based posterior disc protrusion at L4-5 with mild facet joint arthropathy results in mild to moderate L4-5 spinal canal stenosis and mild bilateral L4-5 foraminal encroachment. A Magnetic Resonance Imaging of the left shoulder done on 05/11/2012 showed a signal of intensity heterogeneity of the proximal long head biceps tendon overlying the anterior superior margin of the left humeral head compatible with moderate proximal long head biceps tendonitis/strain, moderate amount of fluid is shown within the long head of the biceps tendon sheath suggesting associated changes of biceps tenosynovitis, and a small amount of fluid throughout the subdeltoid and subacromial bursal spaces is compatible with mild bursitis. A physician progress note dated 04/15/2015 documents the injured worker complains of increased cervical and lumbar spine pain. His cervical spine pain is rated 6 out of 10 and there is pain radiating to the left upper extremity to his fingers, and he has weakness and is dropping items.

His low back pain is rated 8 out of 10 and radiates down both lower extremities, right greater than left to her toes and with weakness and give out. Straight leg raise is positive. Treatment requested is for Acupuncture 2 times a week for 3 weeks 6 sessions, LSO brace, and Physical therapy 2 times a week for 3 weeks 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back lumbar and thoracic (acute and chronic) chapter back braces/lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a work-related injury in April 2012 and continues to be treated for radiating neck and low back pain. Then seen there was multilevel spinal tenderness with decreased left lower extremity strength and decreased right lower extremity sensation. Seated straight leg raising was positive. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.

Physical therapy 2 times a week for 3 weeks 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT).

Decision rationale: The claimant sustained a work-related injury in April 2012 and continues to be treated for radiating neck and low back pain. Then seen there was multilevel spinal tenderness with decreased left lower extremity strength and decreased right lower extremity sensation. Seated straight leg raising was positive. In terms of physical therapy treatment for this condition, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with guideline recommendations. It is medically necessary.

Acupuncture 2 times a week for 3 weeks 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in April 2012 and continues to be treated for radiating neck and low back pain. Then seen there was multilevel spinal tenderness with decreased left lower extremity strength and decreased right lower extremity sensation. Seated straight leg raising was positive. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is consistent with guideline recommendations and would be an adjunct to the physical therapy also being requested and is medically necessary.