

Case Number:	CM15-0098870		
Date Assigned:	06/01/2015	Date of Injury:	07/29/2013
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 29, 2013. In a utilization review report dated May 15, 2015, the claims administrator failed to approve a request for a lumbar exercise kit, lumbar support, and lumbar traction device. The claims administrator referenced a variety of non-MTUS Guidelines in its denials. The claims administrator referenced progress notes of April 6, 2015 and April 9, 2015 in its determination. The applicant's attorney subsequently appealed. On February 2, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 5/10 to 9/10. Chiropractic manipulative therapy was sought. The applicant's work status was not detailed. The bulk of the information on file, it was incidentally noted, comprised of historical utilization review reports. On January 12, 2015, the applicant was placed off of work, on total temporary disability, while chiropractic manipulative therapy was sought. On March 5, 2015, manipulative therapy, Motrin, a lumbar support, and lumbar MRI imaging were sought via a handwritten progress note. Little in the way of supporting rationale or supportive commentary was furnished. Functional capacity testing and x-rays of the low back and knee were also proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Durable Medical Equipment (DME) and Official Disability Guidelines, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the lumbar kit is not medically necessary, medically appropriate, or indicated here. The request in question appears to represent a home exercise kit of some kind. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that back-specific exercise machines, i.e., an article analogous to the request at hand, are deemed "not recommended." Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the attending provider did not state why the applicant was incapable of performing home exercises of his own accord, without the proposed exercise kit in any of his handwritten progress notes. Therefore, the request is not medically necessary.

Aspen summit 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, Knee and Leg Chapter, Durable Medical Equipment (DME) and Official Disability Guidelines, Low Back, Lumbar supports.

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

Decision rationale: Similarly, the request for an Aspen Summit Brace (a.k.a. lumbar support) likewise was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, several years removed from the industrial injury of July 29, 2013. Introduction of a lumbar support/Aspen Brace was not, thus, indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request is not medically necessary.

Lumbar traction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Durable Medical Equipment (DME) and Official Disability Guidelines, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for a lumbar traction device is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, traction, the modality at issue, is deemed "not recommended" in the evaluation and management of the applicant's low back pain complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. The request for introduction of traction at this late stage in the course of the claim, thus, ran counter to both page 308 of the ACOEM Practice Guidelines and page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.