

Case Number:	CM13-0006966		
Date Assigned:	03/24/2014	Date of Injury:	12/20/2005
Decision Date:	06/30/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 December 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier multilevel lumbar fusion surgery; adjuvant medications; postoperative CT myelography, demonstrating a mild disk bulge at L3-L4 causing lateral recess stenosis; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of July 30, 2013, the claims administrator denied a request for 8 to 12 sessions of physical therapy and also denied a selective nerve root block, citing a variety of non-MTUS and MTUS Guidelines which were, in some cases, mislabeled as originating from the MTUS. Among the non-MTUS sources cited included AMA Guides to the evaluation of permanent impairment and the Chapter 6 ACOEM Guidelines, which have since been supplanted by the MTUS Chronic Pain Medical Treatment Guidelines. An October 3, 2013 progress note is notable for comments that the applicant reports persistent low back pain status post L5-S1 lumbar interbody fusion. The applicant is having swelling and pain about the bilateral lower extremities. Lyrica only provided some incomplete analgesia, it was stated. The attending provider provided posits that the applicant's pain is most likely coming from the L3-L4 level. The attending provider goes on to reiterate the need for a selective nerve root block at L3-L4. The applicant is on a variety of medications, including Lyrica, Topamax, oxycodone, OxyContin, lidocaine, methadone, Naprosyn, baclofen, and Elavil, it is further noted. In a July 22, 2013 progress note, the attending provider again noted that selective nerve root blocks might play a diagnostic role here as earlier MRI imaging and CT myelography have not clearly demonstrated the source of the applicant's complaints. The attending provider also states that he believes that additional physical therapy will be beneficial but does not clearly state how much prior physical

therapy the applicant has had over the life of the claim and how much physical therapy the applicant has had since January 22, 2013 L5-S1 lumbar fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2-3 TIMES A WEEK FOR 4-6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment.

Decision rationale: The 18-session course of physical therapy being proposed here would, in and of itself, represent treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis seemingly present here. In this case, however, there has been no demonstration of functional improvement with earlier physical therapy so as to support further treatment in excess of the guideline. The applicant does not appear to have returned to work following the earlier surgical procedure. The applicant remains highly reliant on numerous analgesic and adjuvant medications, including a variety of opioid and nonopioid agents. Therefore, the request for additional physical therapy is not certified both owing to the fact that the treatment course proposed does represent treatment in excess of MTUS parameters and owing to the fact that the applicant does not appear to have demonstrated functional improvement as defined in the MTUS Guidelines with prior unspecified amounts of physical therapy. The request for Physical Therapy, 2-3 Times a Week for 4-6 Weeks is not medically necessary and appropriate.

SELECTIVE NERVE BLOCK AT L5-S1 AND L3-4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical treatment Page(s): 48.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic epidural steroid injections can be performed during the diagnostic phase of treatment. In this case, the attending provider has seemingly posited that the applicant has residual disk herniations at the levels in question which are causing her ongoing lumbar radicular complaints. This has not been definitively delineated by earlier imaging studies; however, as noted by the attending provider, the metallic artifact associated with the prior one-level fusion may be compromising the quality of the earlier imaging studies. Nevertheless, the applicant does appear to have some evidence of new disk herniation or

protrusion at L3-L4 which may account for some of her radicular complaints. The applicant has not had any epidural steroid injections since the earlier lumbar fusion surgery in January 2013. The trial diagnostic selective nerve root blocks at the levels in question are indicated, for all of the stated reasons. Therefore, the request is certified, on Independent Medical Review as medically necessary.