

Case Number:	CM13-0028963		
Date Assigned:	11/01/2013	Date of Injury:	11/09/2011
Decision Date:	01/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 67 year old female who reported an injury on 11/09/2011. The mechanism of injury was not provided, but it is noted that it resulted in a L1 fracture. She has a history of osteoporosis, physical therapy, fusion of T12-L2 with hardware, bilateral facet blocks at L3/4, L4/5 and L5/S1. The facet blocks are reported to have provided relief, but the amount of which was not quantified. The patient currently experiences low back pain that is decreased by applying heat, rest, and medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet blocks at L3-4, L4-5 and L5-S1: 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section.

Decision rationale: The California MTUS/ACOEM does not recommend the use of facet joint injections for the treatment of chronic low back pain. For more information on this subject, the Official Disability Guidelines (ODG) was supplemented. The ODG states that if the first facet

block was at least 50% effective for 6 weeks, then a subsequent block may be given. However, no more than one injection should be given at a time. There was no objective evidence in the medical records suggesting the first block was at least 50% effective for the 6 weeks, and there are more than the recommended levels submitted for blocks in the request. As such, the request for bilateral facet blocks at L3-4, L4-5, and L5-S1 is non-certified.

A LSO brace: 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): 308..

Decision rationale: The California MTUS /ACOEM does not recommend the use of a lumbar support, as there is no evidence of lasting benefit beyond the acute phase of symptom relief. The patient's injury was in 2008 and she has had chronic back pain since that time. This exceeds the recommendations for use in the acute phase of low back injury. As such, the request for LSO brace is non-certified.

Physical therapy for lumbar spine three (3) times a week for four (4) weeks: 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 Chronic Pain Medical Treatment Guidelines, Physical Medicine Section Page(s): 98-99..

Decision rationale: The California MTUS Guidelines recommend physical therapy to control pain, inflammation, and swelling in the early phases of treatment. California MTUS guidelines recommend 9-10 visits of physical therapy for myalgia. The request for physical therapy 3 x week x 4 weeks for a total of 12 sessions exceeds recommended guidelines. Therefore, the request is non-certified.