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| Case Number: | CM13-0044477 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/21/2009 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 injured worker is a 42-year-old individual with a date of injury of March 21, 09. In May 2013, physical therapy was provided for the bilateral elbows, wrists, and left hip. An MRI of the lumbar spine dated May 23, 2013 demonstrates there is a broad-based 3 mm midline disc protrusion at L4-5 resulting in abutment of the descending L5 nerve roots bilaterally with a mild degree of central canal narrowing. A 3mm right foraminal disc protrusion with abutment of the exiting right L4 nerve root is also noted. Minimal retrolisthesis of L4 on L5 is reported. An incidental note is made of a T2 hyperintense mass in the pelvic region for which dedicated ultrasound imaging of the pelvis is recommended. An orthopedic spine progress note dated June 5, 2013 indicates that the claimant presents for follow-up. The claimant was last seen on March 6, 2013. The claimant has a disc herniation at L4-5 with left lower extremity radiculopathy. A new MRI and flexion extension radiographs were recommended. Objective findings reveal paraspinal tenderness with spasms of the lumbar region. Guarding is present. No change is noted in the claimant's lower extremity neurological exam. The diagnosis noted is L4-5 disc herniation with left lower extremity radiculopathy and facet pain. A progress note dated July 10, 2013 indicates that the claimant has undergone x-rays and an MRI scan, and returns for follow-up. Lumbar paraspinal muscles are tender. Range of motion is decreased. Extension causes a great deal more pain than flexion. On the left side, Faber's maneuver is positive. There is no leg pain with straight leg raise maneuver or passive internal rotation of the hip. Four views of the patient's lumbar spine are taken, including dynamic flexion and extension views. Some disc space narrowing is noted at L4-5. Mild retrolisthesis is noted. The L5-S1 level appears to be vestigial with clear evidence of sacralization. The diagnoses noted is L5-S1 disc desiccation without severe stenosis and left lower extremity radiculopathy. The record indicates that conservative treatment over the years has included rest, therapy, medication, and epidural steroid injections.

The record indicates that the surgery is not recommended for the claimant, as there is no significant lesion that surgical intervention would be expected to improve. As such, the claimant is left with chronic pain in the back with radiation to the left leg that has not improved with conservative intervention. Based on this, the recommendation is for enrollment in a functional restoration program. In September 2013 a request was made for six additional visits of physical therapy for the hand for carpal tunnel syndrome and DeQuervain's tenosynovitis with a notation of postsurgical aftercare. The record references that the claimant is status post fusion. The diagnosis reported is status post lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: 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 Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, two of the cardinal criteria for pursuit of a functional restoration program include evidence that the applicant is not a candidate for surgery or other treatments which clearly be warranted, and evidence that the applicant has completed a baseline precursor evaluation. In this case, there is no evidence that a baseline evaluation to determine the applicant's suitability has been performed. Furthermore, there are other treatments currently being pursued which, if successful, would obviate the need for the proposed functional restoration program. Therefore, the request is not medically necessary.

SIX SESSIONS OF PHYSICAL THERAPY OF THE RIGHT WRIST: 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 Page(s): 8.

Decision rationale: The record indicates that the claimant has been provided physical therapy on multiple occasions. There is no clear subjective or objective documentation evidencing functional improvement as a result of physical therapy. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant is off f work and remains highly reliant on injections, acupuncture, and numerous other forms of medical treatment. Therefore, the request for additional physical therapy is not medically necessary.

LUMBAR TRACTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 12, traction is deemed not recommended in the treatment of low back pain, as is present here. In this case, the progress notes on file do not make a compelling case to offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

ULTRASOUND GUIDED INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines support greater trochanteric injections for trochanteric bursitis when the subjective and objective complaints support the diagnosis. The record provided for review does not note clinical evidence supporting a diagnosis of trochanteric bursitis. Additionally, ultrasound guidance for the use of this type of soft tissue injection is not a medical necessity. Therefore, based on the ultrasound guidance alone, this request would not be certified. However, in the absence of appropriate clinical documentation to support the diagnosis of trochanteric bursitis, a clinical indication for the cortisone injection itself does not exist. This request is not medically necessary.

SIX SESSIONS OF ACUPUNCTURE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines support acupuncture for a wide variety of purposes, including the chronic pain context present here. There is no concrete evidence on file suggesting that the applicant has had prior acupuncture. The six session initial course of acupuncture proposed here does conform to the 3-6 session initial course suggested in the MTUS guidelines. Therefore, the request is medically necessary.