

Case Number:	CM13-0044902		
Date Assigned:	07/09/2014	Date of Injury:	02/23/2007
Decision Date:	08/12/2014	UR Denial Date:	09/30/2013
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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In Utilization Review Report dated September 30, 2013, the claims administrator denied a request for a left SI joint injection, an epidural steroid facet injection, and nine sessions of physical therapy. The claims administrator cited non-MTUS ODG Guidelines in his decision to deny physical therapy, although the MTUS did address the topic, it was incidentally noted. The applicant's attorney subsequently appealed. A September 13, 2013 progress note was notable for comments that the applicant was status post multilevel lumbar fusion surgery in 2011. The applicant presented with chronic low back pain. The applicant was off of work, it was acknowledged. The attending provider stated that the applicant was using a cane to move about. The attending provider stated that earlier left sacroiliac joint and epidural facet injections given in January 2013 were reportedly successful. The applicant still had issues of weakness about the legs, it was acknowledged, superimposed issues with depression and anxiety. The applicant also had history of epilepsy, it was further noted. An antalgic gait was exhibited. Tenderness is noted about the sacroiliac joint. Generalized weakness was noted about the paraspinal muscles and lower extremity muscles, apparently secondary to pain. Palpable tender points were appreciated. Relafen, Norco, Zanaflex were renewed. Facet injections, nine sessions of physical therapy, and left-sided sacroiliac joint injection therapy were all sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f. Page(s): 99, 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse the general course of 8 to 10 sessions of treatment for radiculitis, one of the diagnoses reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an applicant must demonstrate functional improvement at various milestones in the treatment program, so as to justify continued treatment. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various medications and other forms of medical treatment, including Relafen, Norco, Zanaflex, a cane, and interventional spine procedures. All the above, taken together, imply a lack of functional improvement as defined in the MTUS Definitions despite completion of earlier physical therapy in unspecified amounts. Therefore, the request for nine sessions of physical therapy is not medically necessary.

Left S1 joint injection of steroid with arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 167.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sacroiliac Joint Injections section.

Decision rationale: The MTUS does not address the topic of sacroiliac joint injections. As noted in the third edition ACOEM Guidelines, however, sacroiliac joint injections are not recommended in the treatment of nonspecific low back pain, as is present here. Rather, sacroiliac joint injections are recommended only when an applicant has evidence of improvement in rheumatologic inflammatory arthropathy implicating the SI joints, such as, for instance, an HLA-B27 positive spondyloarthropathy. In this case, however, there is no evidence that the applicant carries a diagnosis of rheumatoid arthropathy implicating the sacroiliac joint for which SI joint injection therapy would be indicated. Therefore, the request is not medically necessary.

Epidural Steroid Facet Injection at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 167. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections such as those being sought here are deemed not recommended. In this case, there is, furthermore, considerable lack of diagnostic clarity. The attending provider has alternatively posited that the applicant has facetogenic pain, radicular pain, pain associated with lumbar fusion hardware, and/or sacroiliac joint pathology. All of the above, taken together, imply that the applicant does not in fact have bona fide facetogenic pathology for which facet injections would be indicated. Due to lack of diagnostic clarity here as well as the unfavorable ACOEM recommendation, this request is not medically necessary.