

Case Number:	CM13-0049850		
Date Assigned:	12/27/2013	Date of Injury:	01/26/2013
Decision Date:	08/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 43-year-old who reported injury on January 26, 2013 reportedly developed pain in his lower back while he was pulling on a handle attached to a dolly. He sustained injuries as he was performing this activity transferring equipment. The injured worker's treatment history included medications, epidural steroid injections (ESI) injections, EMG (electromyography)/NCV (nerve conduction velocity) physical therapy, x-ray, and MRI. The injured worker had undergone an MRI on April 19, 2013 that revealed straightening of the normal lordosis. There was a disc bulge at L4-5 of 1 mm with no spinal canal compression or nerve root compression. There are disc protrusions at L2-3 and L3-4 without nerve root or spinal canal compression. The spinal alignment was within normal limits. There was no spondylolisthesis or spondylolysis noted. The injured worker had underwent an epidural steroid injection on June 20, 2013 which provided him with 5 days of pain relief. The injured worker was evaluated on July 17, 2013 and it was documented the injured worker complained of lower back pain, with bilateral leg numbness with prolonged sitting. The injured worker stated that the back pain and leg numbness are equally bothersome. He described it as aching and stabbing sensation in his lower back as well as numbness sensation bilateral in the legs, into the feet and the groin. He stated that his pain was intermittent, has been present for almost 7 months. He rated his pain on average at 5/10 in severity. At its worst the pain was 7/10. It was stated that his pain was aggravated by sitting and driving. His pain was relieved by standing and walking. He associated his pain with both numbness and weakness bilaterally in the legs. He stated that he has not fallen as a result of the leg numbness and weakness. The provider noted he had prior physical therapy sessions that after therapy he had increased pain. Physical examination of the cervical spine revealed flexion 60 degrees, extension 45 degrees, right/left cervical rotation was 80 degrees. Lumbar spine inspection was positive for tenderness over the L5-S1 facet joints

bilaterally. All muscle strengths in the lumbar spine was within normal limits. Straight leg raise Test was positive in the seated position on the left for the radiating leg pain and back pain. Straight Leg Raise Test was positive in the supine position to 60 degrees bilaterally for radiating leg pain. Medications included ibuprofen. Diagnoses included recurrent lumbosacral strain with disc bulging at the L5 of L2-L3 and L4-5. The treatment plan included for a trial of lumbar L5-S1 facet block injections and additional physical therapy. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of lumbar facet injections L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested service is non-certified. According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. The documentation submitted indicated the injured worker had received ESI injections only relieving pain up to 5 days only after injections are given. Given the above, the request for a trial of lumbar facet injections L4-L5, and L5-S1 is not medically necessary or appropriate.

Eight additional sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request is non-certified. The Chronic Pain Medical Treatment Guidelines may support up ten visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. The request failed to indicate the location where physical therapy is required. In addition, long term functional goals were not provided for the injured worker. Given the above, the request for eight additional sessions of physical therapy is not medically necessary or appropriate.