

Case Number:	CM13-0050538		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2010
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesia and Pain Management, and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 05/28/2010. The injury was noted to have occurred during the course of her job duties, which included lifting, climbing, pushing, pulling, and squatting. Her diagnoses include lumbar radiculopathy, L4-5 spondylolisthesis, and lumbar stenosis. Her symptoms are noted to include low back pain with right greater than left lower extremity symptoms. Her objective findings included tenderness of the lumbar spine and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for four (4) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and Restoration of Function Chapter, pg 114 and the Official Disability Guidelines (ODG) (Low Back Chapter).

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

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended at 8 to 10 visits over 4 weeks in the treatment of unspecified neuralgia, neuritis,

and radiculitis. The clinical information submitted for review failed to provide details regarding the patient's prior physical therapy. Additionally, the patient's recent physical exam findings indicate she has limited range of motion; however, measurable objective values were not provided. Moreover, the request for visits 3 times a week for 4 weeks exceeds the Guideline recommendations of 8 to 10 visits. For these reasons, the request for Physical therapy 3 times a week for 4 weeks for the lumbar spine is non-certified.

Medial Branch Blocks (MBB) to the right L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on Low back; Facet joint medial branch blocks (therapeutic injections), Facet joint diagnostic blocks (injections), Facet joint pain, signs & symptoms

Decision rationale: According to the Official Disability Guidelines, medial branch blocks are not recommended except as a diagnostic tool. Additionally, the Official Disability Guidelines, indicate that diagnostic facet joint injections may be recommended for patients with documentation of facet joint pain and signs and symptoms, which are noted to include tenderness to palpation in the paravertebral area over the facets, a normal sensory examination, absence of radicular findings, and normal straight leg raising exams. The clinical information submitted for review failed to indicate whether the patient has tenderness to palpation over the facet joints or normal straight leg raising. In the absence of documentation of facet joint signs and symptoms, diagnostic facet joint blocks are not recommended by Guidelines. Therefore, the request for Medial branch block (MBB) right L4-5 and L5-S1 is non-certified.