

Case Number:	CM13-0053047		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2007
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 09/21/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar radiculitis. The patient was seen by [REDACTED] on 10/22/2013. The patient reported low back pain with radiation to bilateral lower extremities as well as right knee pain. Physical examination was not provided for review. Treatment recommendations included continuation of aquatic therapy, prescriptions for Butrans patch and gabapentin, and a request for authorization for an interferential current stimulation unit. A previous MRI of the lumbar spine was completed on 08/10/2013, and indicated mild facet hypertrophy at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch nerve block: 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): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state

clinical presentation should be consistent with facet joint pain, signs and symptoms. There was no documentation of facet mediated pain upon physical examination. There is also no evidence of a recent failure of conservative treatment including home exercise, physical therapy and Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S. Based on the clinical information received, the request is non-certified.

Interferential unit sixty (60) day rental: 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): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminish effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. As per the documentation submitted, there is no evidence of a failure to respond to conservative measures. Additionally, guidelines state if the device is to be used, a 1 month trial should be initiated. The current request for an interferential stimulation unit for 60 days exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Aquatic Therapy two (2) 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 Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. As per the documentation submitted, there was no physical examination provided on the requesting date of 10/22/2013. It is also noted that the patient has completed 7 authorized pool therapy visits. Documentation of a previous course of aquatic therapy with total treatment duration and efficacy was not provided. Additionally, there is no indication that this patient requires reduced weight bearing as opposed to land-based physical therapy. Based on the clinical information received, the request is non-certified.