

<b>Case Number:</b>	CM13-0062144		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 43 year-old male who was injured on 12/2/2011 from a slip and fall. According to the 11/1/13 report from [REDACTED], he presents with 5-9/10 low back, right shoulder and left leg pain. He reports the symptoms are worsening since the injury. The diagnoses were lumbar radiculopathy; low back pain; shoulder pain. [REDACTED] states there is radiculopathy with decreased sensation in the left L5 and S1 dermatomes, absent left Achilles reflex and positive SLR. Lumbar facet maneuvers were positive on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An evaluation with a pain management psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The patient has delayed recovery and reports worsening symptoms 2-years after the injury. MTUS recommends psychological evaluations for the chronic pain populations. The request is in accordance with MTUS guidelines.

**The request for medial branch blocks at left L3-5 and sacral ALA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Diagnostic Facet Blocks.

**Decision rationale:** The patient is reported to have lumbar radiculopathy with decreased sensation in the L5 and S1 dermatomes, as well as absent left Achilles reflex, and positive root tension signs with left SLR. The ODG criteria for diagnostic facet injections/MBB states they are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The MBB in a patient with radicular back pain is not in accordance with ODG guidelines.

**Physical therapy (6 sessions):** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with worsening lower back pain, and was reported to have had PT 2 months prior. There does not appear to be any functional improvement with prior PT. The physician requested 6 sessions of PT for training the patient in a HEP which he was not given during the prior PT. MTUS chronic pain guidelines suggest 8-10 PT sessions for myalgias and neuralgias, but this patient already completed PT without benefit. The MTUS/ACOEM topic would appear more appropriate as they state 1-2 visits for education, counseling, and evaluation of home exercise for ROM and strengthening. MTUS/ACOEM states up to 2 visits are necessary for what the physician has requested 6 visits for. The request exceeds the MTUS/ACOEM recommendations for PT solely for education, counseling and evaluation of the home exercise program.