MAXIMUS Federal Services

Case Number:	CM13-0065994		
Date Assigned:	01/03/2014	Date of Injury:	05/29/2009
Decision Date:	06/05/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery, 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:

The claimant is a 38-year-old female who sustained multiple orthopedic injuries on May 29, 2009. A September 26, 2013 follow-up report notes continued complaints of both neck and low back pain, and a current diagnosis of lumbar disc protrusions at L4-5 and L5-S1. Physical examination findings showed healed carpal tunnel incisions and no documentation of neurologic findings to the upper extremities. There was tenderness to palpation of the lower lumbar region with rotation movements. Lower extremity neurologic evaluation showed equal motor, sensory and deep tendon reflexes without positive findings. The follow-up report on October 25, 2013 showed continued complaints of pain with current diagnosis of facet mediated low back pain at L4-5 and L5-S1 refractory to conservative care. The report documented two prior rhizotomy procedures from the L3 through S1 levels in April and December of 2012. Due to ongoing complaints, 12 additional sessions of physical therapy for the neck and low back and repeat rhizotomy from L3 through S1 was recommended. The records provided for review indicate that this individual is status post May 2012 right carpal tunnel release. The records from October 25, 2013 also indicate continued right-greater-than-left hand and wrist complaints; formal physical examination of the hand and wrist was not documented at that time. There is no documentation of postoperative imaging or testing of the claimant's right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE CERVICAL AND LUMBAR 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: There is no documentation to indicate that this claimant is experiencing an acute symptomatic flare of the cervical or lumbar spine symptoms to support the need for formal physical therapy at this chronic stage in course of care. Furthermore, the Chronic Pain Medical Treatment Guidelines recommend 9-10 sessions of therapy for flare-ups, so the request for 12 sessions would be excessive. As such, the request is not medically necessary.

RHIZOTOMY BILATERAL L3, L4, L5 AND L5-S1 LEVEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: The ACOEM guidelines state that rhizotomy procedures have shown less than beneficial outcomes in the lumbar setting. This is corroborated by the fact that the patient has had two prior rhizotomy procedures which were ineffective at relieving the patient's pain complaints. As such, the request is not medically necessary.

A new LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: This individual is noted to have degenerative changes to the facet joints for which previous rhizotomy procedures had been performed. At present, there is no indication of an acute diagnosis that would support the role of bracing in this chronic course of care, as the ACOEM does not support bracing in the chronic setting. Furthermore, the ACOEM Guideline criteria do not support the use of bracing for preventative measures. As such, the request is not medically necessary.

RIGHT COCKUP WRIST BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234-235.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: While the claimant is noted to have continued bilateral hand and wrist complaints status post carpal tunnel release in 2012, there is currently no recent formal physical examination or recent imaging that would support the need of bracing at this chronic stage in the patient's care. As such, the request is not medically necessary.