MAXIMUS Federal Services

Case Number:	CM13-0070689		
Date Assigned:	02/05/2014	Date of Injury:	01/17/2013
Decision Date:	06/13/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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 patient is a [redacted] employee who has filed a claim for lumbar sprain and lumbar spinal stenosis associated with an industrial injury date of January 17, 2013. Thus far, the patient has been treated with muscle relaxants, NSAIDs, physical therapy, chiropractic therapy, Orphenadrine, and Flexeril. Review of progress notes reports moderate persistent low back pain with tenderness and decreased range of motion. Findings include positive straight leg raise test on the right. Lumbar MRI dated March 14, 2013 shows degenerative disk disease and mild to moderate spinal canal narrowing at multiple levels. Utilization review dated December 12, 2013 indicates that the claims administrator denied a request for outpatient physical therapy, 2x6 for the lumbar spine, epidural steroid injection, and facet injection at bilateral L3-4, L4-5, and L5-S1. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is documentation that the patient previously had physical therapy. However, there is no documentation regarding when these were done, or the total number of completed visits. There is also no documentation regarding functional benefits derived from previous sessions. In addition, progress notes do not indicate the functional goals to be gained from physical therapy. Therefore, the request for outpatient physical therapy 2x6 weeks for the lumbar spine is not medically necessary per the guideline recommendations of CA MTUS.

EPIDURAL STEROID INJECTION (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. Progress note from June 2013 states that patient has obtained authorization for lumbar epidural steroid injection and facet injection of the lumbar spine, but apparently it has not been carried out as per progress note of January 2014. In addition, it does not seem reasonable to certify a request of ESI without a specified level. Therefore, the request for epidural steroid injection is not medically necessary per the guideline recommendations of CA MTUS.

FACET INJECTION AT THE BILATERAL L3-4, 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet joint diagnostic blocks (injections).

Decision rationale: As stated on page 300 of the ACOEM Low Back Guidelines referenced by CA MTUS, facet injections are recommended for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment prior to the procedure for at least 4-6 weeks, no more than 2

joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. Progress note from June 2013 states that patient has authorization for lumbar epidural steroid injection and facet injection of the lumbar spine, but apparently it has not been carried out asked her progress note of January 2014. Authorization of this request may lead to duplicate administration of the said procedure. In addition, the request is for 3 joint levels, and guideline recommendations indicate no more than 2 joint levels per session. Therefore, the request for facet injection at bilateral L3-4, L4-5, and L5-S1 is not medically necessary per the guideline recommendations of CA MTUS.