

Case Number:	CM13-0072417		
Date Assigned:	02/11/2014	Date of Injury:	12/02/2011
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 an employee of [REDACTED] and has submitted a claim for low back and right shoulder pain associated with an industrial injury date of December 2, 2011. Treatment to date has included medications, chiropractic treatment, and an unknown number of physical therapy sessions. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain, 7+/10, and right shoulder pain, 5/10, accompanied by left lower extremity weakness. The patient also reported depression and sleep difficulties. On physical examination, the patient appeared anxious and depressed and was obese. He had an antalgic, slowed gait without the use of assistive devices. Lumbar spine exam revealed loss of normal lordosis with restricted range of motion and positive lumbar facet loading and straight leg raising tests on the left. There was tenderness of the sacroiliac spine. Right shoulder exam revealed restricted range of motion with positive Hawkins and Neer tests. There was also tenderness noted in the biceps groove. There was noted weakness of the shoulder flexors and abductors. There was decreased sensation over the L5 and S1 dermatomes on the left. Utilization review from December 18, 2013 denied the request for medial branch block at L3, L4, L5 and sacral ala, left side because of findings of radiculopathy; 6 physical therapy sessions because there was insufficient documentation that previous physical therapy provided benefit; and referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain coping skills training because AME recommendations were not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK AT L3,L4,L5 AND SACRAL ALA, LEFT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: The CA MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low back pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this case, an appeal dated January 14, 2014 stated that medial branch block was requested not mainly to address the patient's pain symptomatology but was intended for diagnostic purposes. However, the most recent medical note, dated January 3, 2014, revealed a diagnosis of lumbar radiculopathy which is supported by physical examination findings. Furthermore, there was no documentation of failure of conservative treatment prior to the requested procedure. In addition, the present request exceeded the recommended 2 joint levels to be injected per session. The request for medial branch block at L3,L4,L5 and sacral ala, left side, is not medically necessary or appropriate.

PHYSICAL THERAPY 6 SESSIONS: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, an appeal dated January 14, 2014 stated that physical therapy was requested for the restoration of the patient's musculoskeletal functions and prevention of chronic disability and impairment and that previous therapy were beneficial. However, the medical records also stated that the patient did not receive a home exercise program and had no stretching or strengthening exercises. Furthermore, the requesting physician argued that forcing the patient to carry out exercises on his own will be detrimental to his condition. However, the guidelines state that patients should be instructed and they are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. There is no clear

indication for continued physical therapy. Moreover, the present request does not specify the body part to be treated. The request for physical therapy, six sessions, is not medically necessary or appropriate.

REFERRAL TO PAIN MANAGEMENT PSYCHOLOGIST FOR EVALUATION FOR COGNITIVE-BEHAVIORAL THERAPY AND PAIN COPING SKILLS TRAINING.:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 7, 127, 156.

Decision rationale: According to the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, psychology consult was requested to address current coping skills and depressed mood. The most recent medical note also noted sleep difficulties and anxiety. Psychosocial factors are present, thus the course of care may benefit from a psychology consult. The request for referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain coping skills training, is medically necessary and appropriate.