

Case Number:	CM14-0000409		
Date Assigned:	02/03/2014	Date of Injury:	01/30/1987
Decision Date:	06/13/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 American Board of Orthopaedic 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 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 note dated February 14, 2014 indicates that this is a 76 year-old individual who sustained an injury on January 30, 1987. The physician submitted in a court request an appeal for tonight services. The diagnosis list included low back pain, the dinner disc disease, history of transforaminal epidural steroid injection, multiple level facet blocks, left hip osteoarthritis, a right Achilles tendon reconstruction and a left total hip arthroplasty. The current complaints were low back pain. The physical examination lumbar spine noted a normal lordosis, a slow/guarded gait pattern, a decrease in lumbar spine range of motion. Motor function was noted to be 5/5 throughout both lower extremities. Plain radiographs documented severe degenerative disc disease throughout the lumbar spine. MRI dated March 27, 2013 noted a multiple level spondylosis with a disc protrusion at L3/L4. A canal stenosis is noted just distal. Neural foraminal stenosis is reported L5/S1. The physician noted an assessment of bilateral buttock pain worsened with prolonged standing and lumbar extension. There is a non diagnostic response to the piriformis injections and sacroiliac injections. A modest response (50%) to previous facet blocks is noted. The progress note dated January 6, 2014 noted ongoing complaints of low back pain. The pain is 6-8/10. The remainder of the assessment was unchanged. The medication list included ibuprofen, tramadol ER, and Norco. No specific acute findings are reported on physical examination. There is some low back pain with lumbar spine rotation. Prior assessments noted a swelling in the lower extremity thoughts related to a vascular condition. The October, 2013 note indicated that for additional physical therapy sessions were to be completed and transition to home exercise protocol. The preauthorization noted not medically necessary of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDIAL BRANCH BLOCK-BILATERAL L4,L5,S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter 12 Page(s): 300.

Decision rationale: When noting the date of injury, the age of the injured worker, the findings identified on previous imaging studies and the lack of any indication that this is being addressed to assess a possible neurotomy, there is insufficient data presented to support this request. The physical examination completed in November, 2013 noted swelling of the right calf, the Achilles tendon being intact and no indication of significant facet joint disease. The narrative indicates a chronic back pain and the diagnosis was lumbar spondylosis. Therefore, there is insufficient clinical data presented to suggest the need for a bilateral median branch block. There is no objectification of a neuropathic lesion associated with this nerve region. Furthermore, the literature does not support such an intervention unless this is a therapeutic/diagnostic exercise. This not being the case, this request is not medically necessary.

12 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 Page(s): 288.

Decision rationale: When considering the date of injury, the treatment rendered, the multiple medications, the findings on the most recent imaging studies and the most current physical examination reported there is no data presented to suggest that a repeat course of physical therapy is warranted. At this point, all that would be supported is a home exercise protocol emphasizing overall fitness, conditioning and achieving an ideal body weight. Therefore, with the MTUS noting that such physical therapy should occur within weeks of the date of injury, and that repeat is limited to one to 2 visits for education, counseling and evaluation, there is insufficient data presented to support this request.