MAXIMUS Federal Services

Case Number:	CM14-0008063		
Date Assigned:	02/12/2014	Date of Injury:	03/04/2013
Decision Date:	08/04/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 51 year old male whose date of injury is 03/04/2013. The mechanism of injury is described as jack hammering, shoveling and welding. The injured worker has undergone a course of physical therapy which he states did not help at all. Pain management consultation dated 06/11/14 indicates that the injured worker completed a course of 12 physical therapy visits without significant benefit. The injured worker also underwent lumbar facet injection at L5-S1 on 02/26/14 which provided 2-3 weeks of greater than 70% pain relief. The injured worker underwent a second lumbar facet injection on 04/11/14 with 90% pain relief for several weeks. Current medications are Aleve and Flomax. On physical examination sensation is intact and motor strength is full. Diagnoses are mild degenerative disc disease and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The submitted records indicate that the injured worker underwent a prior course of physical therapy wtihout significant benefit. Therefore, efficacy of treatment is not established and additional sessions are not warranted. As such, the request is not medically necessary

RIGHT FACET BLOCK INJECTIONS L4-5, 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker underwent prior facet block injections with subjective reports of pain relief; however, there are no documented objective measures of improvement. The Official Disability Guidelines report that the injured worker should keep medication use and activity logs to support subjective reports of better pain control. Given the current clinical data, the request is not medically necessary.