

Case Number:	CM14-0105887		
Date Assigned:	07/30/2014	Date of Injury:	10/05/2004
Decision Date:	10/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 49-year-old female who reported an injury on 10/05/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of symptomatic hardware L4-S1 level, right SI joint dysfunction, confirmed with diagnostic SI block, narcotic tolerance, L3-4 adjacent segment degeneration, L4-5, L5-S1 spondylolisthesis, status post L4 through S1 anterior posterior fusion, and C3 to C7 disc degeneration and facet arthropathy. Past medical treatment for the injured worker consists of the use of a TENS unit, surgery, medial branch blocks, facet injections, SI joint blocks, the use of an H wave unit, chiropractic therapy, psychotherapy, ESIs, the use of an LSO brace, physical therapy, and medication therapy. Medications include Ativan and magnesium citrate solution. On 06/09/2014, the injured worker underwent x-rays of the lumbar spine, which revealed anterior hardware and fusion at L4-5 and L5-S1 with no hardware loosening and apparent solid fusion at the L4 to S1 level. On 06/09/2014 the injured worker complained of low back pain. Physical examination revealed that the injured worker's pain rate was an 8/10 on VAS. Examination of the lumbar spine revealed a midline lumbar incision that was healed well with no signs of erythema. Palpation revealed that there was tenderness of the lumbar paravertebral muscles bilaterally. There was evidence of tenderness over the sacroiliac joints, right greater than left. There was tenderness to palpation over the midline lower lumbar spine. Examination also revealed that there was decreased sensation over the right L3, L5, and S1 dermatome distribution. Range of motion revealed a flexion of 20 degrees, extension of 5 degrees, left lateral bend of 15 degrees, and right lateral bend of 15 degrees. Straight leg raise was negative bilaterally at 90 degrees. The treatment plan is for the injured worker to have ongoing physiotherapy and pain management consultations. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSIOTHERAPY 2X 4 MONTHS: Upheld

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

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

Decision rationale: The request for outpatient physiotherapy is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physiotherapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physiotherapy for up to 4 weeks. There was a lack of documentation regarding the injured worker's prior course of physiotherapy as well as efficacy of prior therapy. The amount of physiotherapy that have already been completed was not provided for review. Objective findings did reveal that the injured worker had deficits of the lumbar spine. However, there was a lack of documentation warranting the continuation of additional sessions of physiotherapy. Furthermore, there were no significant barriers to transitioning the injured worker to an independent home exercise program. In addition, the rationale for the submitted request was not provided for review. The request as submitted also failed to indicate what extremity of the injured worker was going to be receiving the additional physiotherapy. Given that the request as submitted did not specify a frequency for physiotherapy, the request is not medically necessary.

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for a pain management consultation is not medically necessary. The California MTUS Guidelines state that if the complaint persists the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation provided no evidence that the current treatment requested for the injured worker had failed to result in improvement in pain complaints or that she required complex pain management for control of her lower back complaints. Based on submitted documentation reviewed and the medical guidelines, a pain management consultation would not be indicated. As such, the request for pain management consultation is not medically necessary.

FACET BLOCKS FROM C3-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet diagnostic Block.

Decision rationale: The request for Facet blocks from C3-7 is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help injured workers presenting in the transitional phase between acute and chronic. The Official Disability Guidelines further state that the criteria for use for diagnostic block for the facet nerve pain include onset of diagnostic medial branch block with response of greater than or equal to 70% of pain reduction for approximately 2 hours, and is limited to injured workers with cervical pain that is non-radicular and at no more than 2 levels bilaterally, documentation of failure of conservative treatment including medication, home exercise, PT, and NSAIDs, and a diagnostic block should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. The included medical documents had no mention of the outcome of past facet blocks. The report lacked any indication as to whether the blocks assisted with any functional deficits. Furthermore, there was a lack of documentation indicating facetogenic pain and there was also a lack of documentation of a negative neurologic exam. Given the above, the injured worker is not within recommended guideline criteria. As such, the request for Facet blocks from C3-7 is not medically necessary.