

Case Number:	CM14-0012728		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2012
Decision Date:	07/21/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 39 year old male with a date of injury of 7/26/12. His diagnoses include disc degeneration lumbar spine, status post L4 to the pelvis fusion. Under consideration is the medical necessity of one bilateral nerve root block at L4 with flouro between 1/9/14 and 4/9/14 and eighteen physical therapy sessions. There is a 5/13/14 worker's compensation follow up report that states that the patient has acute radiculopathy at L5 and S I based on his EMG. He was doing well, but now the pain is bothersome significantly after sensation loss. The document states that the surgeon plans to take the hardware out which he feels is bothering the patient. The document states that the patient has some lucency around the screws at L5 on his CT scan CT scan, as well as cauda equina symptomatology and (foramina) stenosis. He has acute radiculopathy at L5 with clear pathology in the lumbar spine, as well as loosening of the screws. The surgeon states that the patient needs an exploration of fusion, hardware removal, as well as revision laminectomy and foraminal decompression. He will check for cauda equina to make sure that has completely healed. On exam the patient is in no acute distress. Spinal examination shows pain with extension and rotation. There is weakness of the tibialis anterior and gastroc soleus complex. He has 4/5 tibialis anterior and 2/5 gastroc soleus complex. Positive decreased sensation with straight leg raising, and there is some tension of his nerves. There is decreased range of motion. The treatment plan includes an appeal for denial of hardware removal revision laminectomy and foraminal decompression with exploration of fusion. There is a 4/15/14 lumbar CT which reveals status post decompressive laminectomy at L4 - L5-S1: the patient has solidly fused posterolateral fusions bilaterally, as well as an L5-S1 intervertebral fusion. Per documentation a 12/10/13 document stated that the patient was diagnosed with disc degeneration of the lumbar spine and chronic regional pain syndrome with cauda equina syndrome which was improving but still

accompanied by S1 symptomatology. The patient had a lumbar epidural steroid injection (ESI) on 9/12/12 and, per documentation a 9/27/12 progress report, indicated that he did not improve. He eventually underwent a lumbar fusion; L5-S1 fusion, L4-5 laminectomy, and S1 hemilaminotomy on 12/10/12. The documentation indicates that he presented to the emergency room on 2/6/13 complaining of pain in the bilateral feet and underwent a lumbar revision surgery at L4-S1 was performed on 2/7/13. Per documentation he had at least 76 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BILATERAL NERVE ROOT BLOCK AT L4 WITH FLUORO BETWEEN 1/9/2014 AND 4/9/2014: Upheld

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

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- Epidural steroid injections, diagnostic.

Decision rationale: One bilateral nerve root block at L4 with fluoro is not medically necessary. The California MTUS ACOEM guidelines state that invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. The ODG guidelines state nerve root blocks can help determine the level of radicular pain, in cases where diagnostic imaging is ambiguous. The documentation submitted reveals an office note dated May 2014. The documentation submitted does not reveal physical exam findings of complaints in the L4 distribution. The documentation indicates that the patient has had prior "injections" before which were not successful. Without finding or complaints in the L4 distribution and without clear documentation of prior injections and efficacy the request for a bilateral nerve root block at L4 with flour is not medically necessary.

EIGHTEEN PHYSICAL THERAPY SESSIONS (ALIGN NETWORKS) BETWEEN 1/9/2014 AND 4/9/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Eighteen physical therapy sessions are not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had at least 76 therapy sessions of prior therapy. It is unclear exactly what the dates of these sessions were. As the patient is beyond the 6 month postsurgical period the

California MTUS guidelines recommend up to 10 visits for this condition. Without documentation of efficacy of prior therapy and considering that patient has had a significant amount of prior therapy the request for additional physical therapy is not medically necessary. The patient should be well versed in a home exercise program and eighteen physical therapy sessions are not medically necessary.