

Case Number:	CM14-0014756		
Date Assigned:	02/28/2014	Date of Injury:	03/23/2013
Decision Date:	07/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic 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 patient is a 41-year-old male who has filed a claim for back ache associated with an industrial injury date of March 23, 2013. A review of progress notes indicates right wrist pain and swelling, and low back pain. Findings of the right wrist include swelling and tenderness over the distal radio-ulnar joint, scapho-lunate area, and extensor tendons; and painful dorsal extension. Regarding the low back, findings include severely limited range of motion. Mention of an MRI of the right wrist (date unspecified) showed significant tendinopathy, fraying of the ulnar collateral ligament, and scaphoid sclerosis. Right upper extremity EMG dated November 21, 2013 was negative. Lumbar MRI dated July 15, 2013 showed L4-5 and L5-S1 mild facet hypertrophy, multilevel anterior disc bulges with mild central canal narrowing, and multilevel foraminal narrowing. An EMG of the lower extremities dated August 20, 2013 was negative. Treatment to date has included NSAIDs, acetaminophen, muscle relaxants, opioids, amitriptyline, TENS, ice/heat, acupuncture and physical therapy to the back, Toradol injections, lumbar support, chiropractic therapy, wrist immobilizer, massage to the wrist, and corticosteroid injection to the wrist. There was worsening of wrist pain after the corticosteroid injection. A utilization review from January 22, 2014 denied the requests for aqua therapy x 8 sessions, L4-5 facet injection, L5-S1 facet injection, and right wrist arthroscopy debridement with possible open tenosynovectomy of the extensor carpi radialis, brevis, and longus. The reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY X 8 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, there is mention that the patient has had previous physical therapy to the low back. However, there is no documentation describing these sessions, or the benefits derived from these sessions. Also, there is no documentation of intolerance to land-based therapy or the need for reduced weight bearing in this patient. Also, the body part to which these sessions are directed to is not indicated. Therefore, the request for aqua therapy x 8 sessions is not medically necessary.

L4-L5 FACET INJECTION: 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 medial branch blocks (therapeutic injections) and Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, the symptoms and physical findings are not consistent with a facet-mediated pathology to support this request. Therefore, the request for L4-5 facet injection is not medically necessary.

L5-S1 FACET INJECTION: 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 medial branch blocks (therapeutic injections) and Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS does not address this topic. Per the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, the symptoms and physical findings are not consistent with a facet-mediated pathology to support this request. Therefore, the request for L5-S1 facet injection is not medically necessary.

RIGHT WRIST ARTHROSCOPY DEBRIDEMENT WITH POSSIBLE OPEN TENOSYNOVECTOMY OF THE EXTENSOR CARPI RADIALIS, BREVIS, AND LONGUS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Section, Tendon Repairs.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, tendon repairs are recommended for tendon ruptures. Immediate repair and early mobilization are essential in preventing adhesion formation and finger stiffness. In this case, MRI findings do not show evidence of tendon rupture. Therefore, the request for right wrist arthroscopy debridement with possible open tenosynovectomy of the extensor carpi radialis, brevis, and longus is not medically necessary.