MAXIMUS Federal Services

Case Number:	CM14-0114538		
Date Assigned:	08/04/2014	Date of Injury:	12/26/2007
Decision Date:	09/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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, 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 55-year-old right-hand dominant male, with morbid obesity, who fell off a ladder on 12/26/2007, injuring both his shoulders, back, and left hip. His main complaint was left shoulder pain at that time, which was mainly addressed. He had two surgeries for rotator cuff repair and adhesive capsulitis. He also has increasing right greater than left low back pain. The patient has begun exercises in the pool, which has helped to reduce if not resolve the leg pain and numbness. He describes it as a constant aching. The pain increases with walking and never reduces completely. The medication reduces the pain from an 8-10/10 to a 4-5/10 and allows him to walk a few minutes further and help out at church. He is also noted to have a history of pain radiation to the right thigh with intermittent numbness. Exam has showed negative seated SLR bilaterally. The neurological exam was normal. Lumbar spine range of motion was 90 degrees in flexion and associated with increase in pain; 20 degrees in extension and associated with increase in pain; 70 degrees right and 60 degrees left with rotation and associated with right increase in pain; less than 10 degrees right and left in oblique extension and associated with increased in right greater than left pain. MRI lumbar spine without contrast done on 06/29/2012 revealed thickening and fatty infiltration of the filum terminale, mild degenerative disc disease at L1-2 and L3-4 with severe degenerative disc disease at L5-S1 and DJD of the bilateral L4-5 and right L5-S1 facets. Diagnosis includes Lumbago, lumbosacral spondylosis without myelopathy and osteoarthrosis, localized, primary, involving shoulder region. The request for one right L3, L4, L5 medial branch blocks was denied on 07/11/2014. The request for aquatic therapy was previously modified to 6 sessions, from 7/3/14 to 9/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Right Lumbar 3, Lumbar 4, Lumbar 5, Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Lumbar and Thoracic (Acute and Chronic).

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.

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : There should be no evidence of radicular pain, spinal stenosis, or previous fusion, documentation of failure of conservative treatment (PT, NSAIDs, home exercise) for at least 4-6 weeks, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy, When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records do not demonstrate trial and failure of conservative treatment of at least 4-6 weeks duration. Therefore, the criteria are not met and the request is not medically necessary according to the guidelines and due to lack of documentation.

Unknown Number of Sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

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

Decision rationale: As per CA MTUS Guidelines, "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity or in OA. Guidelines recommend 3-4 visits per week with documentated evidence of functional improvement in the first two weeks for additional visits. In this case, the records indicate that the IW is morbidly obese, has low back pain due to severe L5-S1 disc disease and had previously experienced benefit with aquatherapy; he will meets the criteria for additional therapy. However, the requested number of aquatic therapy is unknown. As such, the request is non-certified.