

Case Number:	CM14-0128260		
Date Assigned:	08/15/2014	Date of Injury:	08/02/2011
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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 Management 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:

According to the records made available for review, this is a 61-year-old female with a 8/2/11 date of injury, and status post bilateral total knee replacement (undated). At the time (7/8/14) of request for authorization for Six Physical Therapy Sessions, Six Monthly Follow up Visits, One Repeat L5 Bilateral Transforaminal Injections (TFESI), and One Surgical Consultation, there is documentation of subjective (ongoing low back and right lower extremity pain laterally to the knee) and objective (no apparent distress, ambulates without a device, and gait normal) findings, imaging findings (reported Lumbar Spine MRI (undated) revealed severe stenosis at L4-5 both centrally and in the bilateral foramina as well as facet hypertrophy severe at this level and level below; grade I listhesis at L4-5; report not available for review), current diagnoses (pain in joint of lower leg, lumbago, and sciatica), and treatment to date (previous lumbar right L5 transforaminal epidural steroid injection on 4/15/14 with 5 days of 80% relief, 6 physical therapy sessions with improvement in range of motion, less pain, and less radicular pain, and medications (including Alleve)). Medical report indicates a plan for surgical consultation regarding severe stenosis and instability at L4-5. Regarding Six Physical Therapy Sessions, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Regarding One Repeat L5 Bilateral Transforaminal Injections (TFESI), there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Regarding One Surgical Consultation, there is no documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), accompanying objective signs of neural compromise; activity limitations

due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Physical Therapy Sessions: 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 physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical therapy.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of Pain in joint not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of pain in joint of lower leg, lumbago, and sciatica. In addition, there is documentation of 6 previous physical therapy sessions completed to date. However, the proposed Six Physical Therapy Sessions, in addition to the physical therapy sessions already completed, would exceed physical therapy guidelines. In addition, despite documentation of improvement in range of motion, less pain, and less radicular pain with previous physical therapy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for six physical therapy sessions is not medically necessary.

Six Monthly Follow up Visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127 Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of pain in joint of lower leg, lumbago, and sciatica. However, there is no documentation of a rationale identifying the medical necessity of six monthly follow up visits. Therefore, based on guidelines and a review of the evidence, the request for six monthly follow up visits is not medically necessary.

One Repeat L5 Bilateral Transforaminal Injections (TFESI): Upheld

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

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 (ESIs).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of pain in joint of lower leg, lumbago, and sciatica. However, despite documentation of previous right L5 transforaminal epidural steroid injection on 4/15/14 with 5 days of 80% relief, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for One Repeat L5 Bilateral Transforaminal Injections (TFESI) is not medically necessary.

One Surgical Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) Guidelines identifies documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of pain in joint of lower leg, lumbago, and sciatica. In addition, there is documentation of failure of conservative treatment. However, despite documentation of subjective (ongoing low back and right lower extremity pain) findings, there is no documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. In addition, despite documentation of 7/8/14 medical report's reported imaging findings (Lumbar Spine MRI identifying severe stenosis at L4-5 both centrally and in the bilateral foramina as well as facet hypertrophy sever at this level and level below; grade I listhesis at L4-5), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for One Surgical Consultation is not medically necessary.