

Case Number:	CM14-0154659		
Date Assigned:	09/24/2014	Date of Injury:	03/19/2012
Decision Date:	11/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 47 year old female with an injury date of 03/19/12. Based on the 07/30/14 progress report provided by [REDACTED] the patient complains of neck pain rated 4/10 and back pain rated 4-6/10 that radiates to the bilateral gluteal area. Physical examination to the lumbar spine reveals positive bilateral facet joint loading test. Patient medications include Ice Hot patch and Gabapentin. Diagnosis 07/30/14: lumbar degenerative disc disease; cervical degenerative disc disease and gastric bypass. The utilization review determination being challenged is dated 08/27/14. The rationale used follows: 1) MBB B/L (medial branch block bilateral) L4, L5, S1 injection: "meets medical necessity, but no more than two levels by guidelines, therefore modified to two levels per visit." 2) Epidurography, fluoroscopy bilateral: "insufficient documentation to indicate medical necessity of epidurography and fluoroscopy." 3) Physical Therapy x 12: "medical necessity of physical therapy post ESI not established." [REDACTED] is the requesting provider, and he provided treatment report dated 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks bilateral (MBB B/L) at L4, L5, S1 injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines: Low back chapter:

Decision rationale: The patient complains of neck pain rated 4/10 and back pain rated 4-6/10 that radiates to the bilateral gluteal area. The request is for MBB B/L L4, L5, S1 injection. Diagnosis dated 07/30/14 includes lumbar and cervical degenerative disc disease. ODG "suggested indicators of pain related to facet joint pathology:(1) Tenderness to palpation in the paravertebral areas (over the facet region);(2) A normal sensory examination;(3) Absence of radicular findings, although pain may radiate below the knee;(4) Normal straight leg raising exam." Physical examination to the lumbar spine dated 07/30/14 reveals positive bilateral facet joint loading test. Examination does not show SLR (straight leg raise), sensory changes. The patient does not present with radicular symptoms. UR denied the request thinking the request was for 3 levels. However 3 level DMB equates to 2 level facet joints. This is supported by ODG. Recommendation is for authorization.

Epidurography, fluroscopy bilateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: The patient complains of neck pain rated 4/10 and back pain rated 4-6/10 that radiates to the bilateral gluteal area. The request is for Epidurography, fluoroscopy bilateral. Diagnosis dated 07/30/14 includes lumbar and cervical degenerative disc disease. Epidurography is sometimes billed separately by physicians that perform ESI's. Epidurography is part of the epidural injection for contrast localization and MTUS guidelines do not discuss epidurography and should be part and parcel of routine epidural steroid injections. Recommendation is for denial.

Physical therapy x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient complains of neck pain rated 4/10 and back pain rated 4-6/10 that radiates to the bilateral gluteal area. The request is for Physical Therapy x 12. Diagnosis dated 07/30/14 includes lumbar and cervical degenerative disc disease. MTUS, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks."

The report does not discuss treatment history and the treater does not explain why therapy is being requested other than for subjective pain. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. Recommendation is for denial.