

Case Number:	CM14-0158996		
Date Assigned:	10/02/2014	Date of Injury:	05/02/2014
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 Alabama, New York, and 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 51 year old male with date of injury of 5/2/14. On 9/17/14, he complained of continuous worsening of his low back and left hip pain. He mentions that his overall activity level had decreased. Objective findings included limited lumbar flexion and extension due to pain, lumbar paravertebral muscle spasms, tenderness, and a tight muscle band on the left in the lumbar spine. There was no spinal process tenderness and heel/toe walk was normal. Lumbar facet loading was positive on the left and straight leg raise test was negative. He had spasms in the left gluteals with pain upon palpation. He also had pain with active left hip extension and oblique abduction as well as over the left ischial tuberosity upon palpation. His gross motor and sensory exam was relatively normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy.

Decision rationale: The ACOEM guidelines state that interventions with physical therapists and other [REDACTED] professionals may be helpful for treatment of low back pain. It should be expected that most patient with more severe acute and sub-acute low back pain receive 8-12 visits with [REDACTED] professionals over a 6-8 weeks, as long as functional improvement and program progression are documented. Factors influencing the number of visits needed include the content of prior treatment, patient response to prior treatment and the home exercise regimen. The medical records support the fact that the patient did not benefit from prior therapy and there is insufficient data on the lasting functional improvement and home exercise regimen after the prior therapy sessions. Therefore, as per the guidelines and the available medical records, this request is not medically necessary.

Left sided medical branch blocks at: L3, L4, L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet joint block Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint medial branch block

Decision rationale: Therapeutic medial branch blocks are not recommended for treatment of low back pain by the official disability guidelines. The ODG only recommends diagnostic medial branch blocks if there are plans to proceed with facet neurotomy if the medial branch block is successful, which is the intention of the provider. However, the progress note indicates that prior treatment has included RFA with no relief. Therefore, given the lack of evidence-based guideline support for therapeutic medial branch blocks and the lack of indications for a diagnostic medial branch block, this patient would not be a candidate for therapeutic or diagnostic blocks and the request not necessary at this time for this patient.