

Case Number:	CM14-0171750		
Date Assigned:	10/23/2014	Date of Injury:	09/22/2008
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal Medicine 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 injured worker (IW) is a 46-year-old man with a date of injury of September 22, 2008. The mechanism of injury is not documented in the medical record. The IW is noted to have low back pain status-post injury in 2008. Treatment history includes spinal decompression surgery February 7, 2013, as well as 5 epidural steroid injections, medications, and physical therapy. A procedure note dated July 18, 2014 indicates that the IW received a left L5-S1 transforaminal epidural steroid injection for a diagnosis of lumbar radiculitis. Pursuant to the handwritten progress note dated August 12, 2014, the IW has complaints of right leg pain with numbness to the right ankle. Objective findings are not documented. Diagnoses include: status post L4-S1 spinal stenosis status post decompression, and lumbago. Treatment plan includes: Second round of physical therapy recommended for low back. The following medications were prescribed: Flexeril 75mg, and Tramadol 150mg. The physical therapy progress note dated August 21, 2014, which reflects visit #12; the IW reports that he is feeling better. His pain is 0/10. He is not having pain into his right leg and he is able to sleep better at night. He states that he is a little stiff when waking in the morning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treatment pain management for Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Office Visits; Low Back, Facet Joint Injections

Decision rationale: Pursuant to the Official Disability Guidelines, office visits and consultations and injections are not medically necessary. Office visits and consultations are recommended as determined to be medically necessary. They play a critical role in proper diagnosis and returned function of an injured worker and should be encouraged. The need for an office visit with healthcare provider is individualized and based on the patient's concerns, science and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, and does the patient require close monitoring. The exact nature or type of injection requested is unclear. The injections addressed by the initial reviewer referred to facet joint injections. With respect to the criteria for therapeutic intra-articular and medial branch blocks there should be no evidence of radicular pain, spinal stenosis or previous fusion. In this case, there was evidence of radiculopathy. EMG performed showed evidence of radiculopathy. Progress note dated blank had a diagnosis of lumbar radiculitis that L5-S1 with epidural steroid injections to be given. There were clinical symptoms of radiculopathy present. Additionally, on physical examination there were limited facet related physical findings including facet tenderness and positive provocative tests to support the need of facet joint injections. Consequently, without clear manifestations of facet pathology, consultation and treatment with pain management specialist contemplating L4 to S1 facet joint injections is not clinically indicated. Additionally, the injured worker underwent a previous L4-L5 and L5 S1 lateral recess stenosis/decompression. The official disability guidelines state there should be no evidence of spinal stenosis or previous fusion when anticipating facet joint injections. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the pain consultation with possible injections are not medically necessary.

Lumbar Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back

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 Section; Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for six weeks is not medically necessary. The Official Disability Guidelines criteria for physical therapy state 10 visits over eight weeks for lumbar sprains and strains are indicated. In this case, the injured worker received 12 visits of physical therapy. On the progress note dated August 29, 2014, the injured worker had no further pain and was sleeping well, with no pain in the right leg. The injured worker's pain

was zero out of 10. Consequently, in the absence of continued pain and gross improvement, additional physical therapy is not indicated. Additionally, the injured worker received 12 physical therapy visits (10 visits over five weeks is the indicated number). Based on the clinical information in the medical record and progress notes and the peer-reviewed evidence-based guidelines, additional physical therapy two times a week for six weeks is not medically necessary.