

Case Number:	CM14-0172257		
Date Assigned:	10/23/2014	Date of Injury:	07/31/2013
Decision Date:	11/21/2014	UR Denial Date:	10/10/2014
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 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 injured worker is a 51-year-old female who reported an injury on 07/31/2013. The mechanism of injury was not provided. The injured worker's diagnoses included complex regional pain syndrome, lumbar radiculopathy with acute right sided sciatica, plantar fasciitis of the right foot and chronic arthralgia. The injured worker's past treatments included epidural steroid injections, SI joint injections, physical therapy and medications. The injured worker's diagnostic testing included an x-ray of the lumbar spine performed on 02/14/2014, which was noted to reveal mild degenerative disc disease and facet hypertrophy. There were no relevant surgeries included in the documentation. On 09/24/2014, the injured worker complained of increased pain to her lumbar spine and right leg rating it at 3/10 with rest and 5/10 with any attempted repetitive bending, stooping, twisting, pushing or pulling. She reported that she had undergone 2 lumbar sympathetic nerve blocks for the complex regional pain syndrome/RSD, with a current pain level of 3/10. Upon physical examination the injured worker was noted with moderate tenderness to the lower lumbar spine as well as the SI joint on the right side with moderate paraspinal and duration, consistent with paraspinal muscle spasm. The muscular strength in her lower extremities was noted as equal and bilaterally symmetrical. She was noted with a positive straight leg raise to the right side. Her current medications were noted to include Percocet 10/325 mg, Flexeril 10 mg, and Xanax. The request was for physiotherapy adjustments to lumbar spine and pain management follow-up evaluation. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physiotherapy Adjustments to Lumbar Spine Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The request for 6 Physiotherapy Adjustments to Lumbar Spine Sessions is not medically necessary. The California MTUS Guidelines may recommend physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines may recommend up to 24 visits over 16 weeks for CRPS. The injured worker did complain of pain that she rated a 3/10 at rest and 5/10 with any attempted weight bearing activities. The physical examination indicated tenderness to the lower lumbar spine; however, the documentation did not provide sufficient evidence of significant objective functional deficits. The documentation indicated that the injured worker has had physical therapy; however, the number of sessions was not specified. In the absence of documentation with clear rationale for the need for 6 additional sessions of physical therapy for the lumbar spine, documented evidence of the number of physical therapy sessions previously completed, efficacy of the previous therapy, and documented evidence as significant objective functional limitations, the request is not warranted. Therefore, the request is not medically necessary.

Pain Management Follow-Up Evaluation [Sympathetic Nerve Block, Lumbar Epidural Injection (Radiculitis), SI Joint Injection]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, Page 127

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, Office Visits.

Decision rationale: The request for a Pain Management Follow-Up Evaluation [Sympathetic Nerve Block, Lumbar Epidural Injection (Radiculitis), SI Joint Injection] is not medically necessary. The Official Disability Guidelines may recommend office visits as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is

individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being every mindful that the best outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The patient was noted to have underwent a lumbar sympathetic nerve block for the complex regional pain syndrome, it was noted that she did gain significant relief with 1 sympathetic nerve block injection; however, it was not objectively evaluated. The injured worker reported her pain a 3/10 and 5/10 with weight bearing activities. The documentation did not provide sufficient evidence of the efficacy of her current medication regimen. In the absence of documentation with sufficient evidence of a thorough objective pain evaluation and the effectiveness of the prior sympathetic nerve block, lumbar epidural injection, and SI joint injection, the request is not supported. Therefore, the request is not medically necessary.