

Case Number:	CM14-0020418		
Date Assigned:	07/02/2014	Date of Injury:	06/30/2013
Decision Date:	08/20/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a lumbar support; and work restrictions. In a Utilization Review Report dated February 10, 2014, the claims administrator denied a request for eight sessions of physical therapy, denied L4-L5 facet injections, conditionally denied Vicodin, and conditionally denied Naprosyn. The applicant's attorney subsequently appealed. In a progress note dated June 18, 2014, the applicant presented with persistent complaints of low back pain. Tenderness was noted about L5-S1 with lower extremity strength ranging from 4+ to 5/5. The applicant apparently had lumbar MRI imaging of October 24, 2013 notable for multilevel degenerative changes and stenotic changes. The applicant was given a rather proscriptive 10-pound lifting limitation. Epidural steroid injection therapy was sought, on this occasion. On June 17, 2014, acupuncture was ordered. On May 16, 2014, the applicant was again described as having persistent complaints of low back pain radiating to the legs. The applicant was reportedly working with the rather proscriptive 10-pound lifting limitation in place. The attending provider wrote that the applicant did not find relief from earlier facet injections. Epidural steroid injection therapy was therefore sought. On May 23, 2014, epidural steroid injection therapy was endorsed. Norco, Naprosyn, and Cymbalta were sought. On April 4, 2014 and April 8, 2014, it was again stated that the applicant had failed to improve with earlier facet blocks and that epidural steroid injections should therefore be pursued. The applicant apparently underwent the facet blocks in question at L4-L5 on March 21, 2014. On February 10, 2014, eight sessions of epidural injection therapy were sought. It was stated that the applicant was in the process of returning to work

following an apparent absence of several weeks. Physical therapy was endorsed. The applicant did report persistent complaints of 7/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS, QTY: 8 FOR THE BACK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The eight-session course of treatment is consistent with the eight- to ten-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. While the applicant may have had earlier physical therapy treatment over the course of the claim, it did not appear clearly that the applicant had undergone treatment during the chronic pain phase of the claim. The applicant apparently did have some issues with delayed recovery and was apparently seeking to use the physical therapy to transition back to work. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines do espouse active therapy, active modalities, and progression toward self-directed home physical medicine as an extension of the treatment process. For all of the stated reasons, the eight sessions of physical therapy are medically necessary.

BILATERAL L4-5 FACET JOINT INJECTIONS: 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): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections are not recommended. In this case, there is, furthermore, considerable lack of diagnostic clarity. The applicant continues to report persistent complaints of low back pain radiating to the legs. The attending providers continue to seek authorization for epidural steroid injection therapy. It further appears that at least one earlier set of facet blocks were unsuccessful. Therefore, the request is not indicated both owing to the unfavorable ACOEM recommendation and owing to the considerable lack of diagnostic clarity here. Accordingly, the request is not medically necessary.