

Case Number:	CM14-0023533		
Date Assigned:	06/16/2014	Date of Injury:	01/31/2012
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 January 31, 2012. The applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; and at least 14 sessions of physical therapy over the course of the claim, per the claims administrator. In a Utilization Review Report dated February 18, 2014, the claims administrator partially certified a request for six sessions of physical therapy as three sessions of physical therapy while denying medial branch blocks. The applicant's attorney subsequently appealed. In an October 21, 2013 progress note, the applicant was described as carrying a diagnosis of discogenic low back pain. The applicant stated that she had been terminated by her former employer. The applicant was on Mobic, tizanidine, and gabapentin. 5/5 motor strength was noted with tenderness about the SI joints appreciated. The applicant apparently had undergone medial branch blocks on July 15, 2013 at the L3, L4, L5, and S1 levels under fluoroscopy and IV sedation, it was incidentally noted. On November 7, 2013, the applicant did report low back pain radiating into left leg. The applicant had to transfer care to a new provider at that point in time. The applicant was asked to employ Zonegran for neuropathic pain in lieu of previously employed Neurontin. The applicant was given diagnosis of discogenic pain and bilateral SI joint dysfunction. Tenderness was noted about the paraspinal muscles as well as the facet joints. On January 31, 2014, authorization was sought for facet medial branch blocks at the L4-L5 and L5-S1 levels as a precursor to pursuit of radiofrequency rhizotomy procedure. The applicant did have some pain with range of motion testing and facet loading, it was suggested, along with paraspinal tenderness. Work restrictions were endorsed. The applicant was again described as not working. It was stated that the

applicant was unable to tolerate Topamax. The applicant was still using meloxicam and Flexeril, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The applicant has already had prior treatment (14 to 17 sessions), seemingly well in excess of the 8- to 10-session course recommended on page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for radiculitis, one of the diagnoses reportedly present here. It is further noted that there has been no clear demonstration of functional improvement as defined in MTUS 9792.20f with earlier treatment. The applicant is off of work. Rather proscriptive limitations remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on medications such as meloxicam and Flexeril, among others. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite 14 to 17 earlier physical therapy treatments. Therefore, the request for six additional sessions of physical therapy is not medically necessary.

LEFT L4-5 AND L5-S1 FACET MEDIAN BRANCH BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, including the medial branch blocks being sought here, are deemed not recommended. ACOEM Chapter 12, page 301 further notes that facet neurotomy should be performed after an applicant has had previously favorable diagnostic medial branch blocks. In this case, the applicant has already had prior diagnostic medial branch blocks in July 2013. It is not clear why repeat medial branch blocks are being sought at the same levels. The applicant's response to the earlier blocks has not been clearly outlined. It is further noted that there is considerable lack of diagnostic clarity. The applicant appears to have some elements of radicular pain as well as elements sacroiliac joint dysfunction. Therefore, the request for facet medial branch blocks is not medically necessary both owing to the lack of diagnostic clarity and owing to the unfavorable ACOEM recommendation.

