

Case Number:	CM14-0030310		
Date Assigned:	06/20/2014	Date of Injury:	10/17/2011
Decision Date:	12/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/17/11. A utilization review determination dated 2/17/14 recommends certification of lumbar facet blocks. Twelve (12) physical therapy sessions were modified to certify 6 sessions. Four (4) physical therapy sessions for the low back had been certified on 2/5/14. 1/24/14 medical report identifies back pain radiating into the right hip and now into the left hip. Pain is worsening. On exam, there is tenderness, limited ROM, positive SLR on the right, and some tightness to the hamstrings on the left. Recommendation was for facet blocks to decrease pain and the need for pain medication, increase ROM, and "also diagnostically to give us and the patient more confidence that a fusion would be beneficial for him." PT was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar facet blocks bilateral L4-5, L5-S1(Quantity Unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks (injections), Neck Chapter, and Pain Chapter; Criteria for use of diagnostic blocks for facet "mediated" pain

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

Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for facet blocks, CA MTUS and ACOEM state that invasive techniques are of questionable merit. The ODG guidelines state that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intra-articular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, the patient is noted to have radiating low back pain with an abnormal neurological exam in the form of a positive SLR. Furthermore, the request is for facet blocks and, unfortunately, there is no provision for modification of the current request from facet blocks to medial branch blocks, as recommended by the guidelines. In light of the above issues, the currently requested facet blocks are not medically necessary.

Physical therapy to the lumbar spine two(2) times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, including 4 authorized sessions just prior to the current request, but there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.