

Case Number:	CM14-0041854		
Date Assigned:	06/30/2014	Date of Injury:	06/16/2012
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 47-year-old female who reported an injury on 06/16/2012. The mechanism of injury was a slip and fall. Her diagnoses included chronic pain syndrome, lumbar strain, cervical strain and strain/sprain of the right shoulder with tendinitis, impingement and rotator cuff tear. Her previous treatments included medication, physical therapy, acupuncture, walker, and a brace. Per the clinical note dated 04/16/2014, the injured worker had complaints of neck pain, low back pain, right shoulder pain, and right knee pain. On physical examination of the cervical spine, the physician reported there was diffuse palpable tenderness and she was able to flex her chin to her cheek with discomfort. The cervical spine with extension was noted at 0 degrees, right and left lateral rotation 0 degrees, and right and left lateral bending was less than 10 degrees. The physician noted there was right upper extremity motor weakness. On physical examination of the right shoulder the physician reported there was palpable tenderness throughout the right shoulder; forward flexion was 170 degrees, extension 60 degrees internal / external rotation 90 degrees, and adduction 30 degrees. On physical examination of the lumbar spine the physician reported there was palpable tenderness, and the patient was difficult to examine so the range of motion was not tested. The injured worker could not lift her legs on the straight leg-raising test in the supine position. Her sensory examination did not reveal any areas of hypoesthesia and the motor strength test did not reveal evidence of gross weakness. The current request are for physiotherapy six visits, neck & right shoulder, acupuncture six visits, neck & right shoulder, lumbar epidural steroid injection (LESI) at L3-4, L4-5, L5-S1, and Facet branch block at L3-4, L4-5, L5-S1. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy six visits, neck & right shoulder: Upheld

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

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

Decision rationale: The California MTUS Guidelines state physical medicine is 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. The patients are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. The guidelines recommendations for myalgia and myositis is 9 to 10 visits over 8 weeks and neuralgia, neuritis and radiculitis is 8 to 10 visits over 4 weeks. The clinical documentation indicated the injured worker continued to have pain, tenderness, and decreased range of motion in her right shoulder and neck. The documentation also indicated that she had previously physical therapy to her right shoulder, but there was no documentation provided to indicate if there were objective functional gains made with the therapy. In the absence of this information, additional physical therapy sessions are not supported. The documentation also failed to indicate if she had received previous physical therapy for her cervical spine. In the absence of documentation regarding previous treatment of her cervical spine, the need for physical therapy cannot be established. As such, the request for physiotherapy 6 visits, neck and right shoulder is non-certified.

Acupuncture six visits, neck & right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines Acupuncture Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines state the time to produce functional improvement with acupuncture treatment is 3 to 6 visits, and if functional improvement is documented after the initial trial, treatment may be extended for up to 1 to 3 times per week for 1 to 2 months. In reviewing the clinical documentation provided, it was noted the injured worker had received acupuncture therapy from 12/19/2014 thru 02/24/2014 to her right shoulder; however; it was unclear in the documentation if she had functional improvement with the therapy or how many total sessions she previously participated in. The documentation failed to indicate if she had previous sessions of acupuncture for her cervical spine. In the absence of details regarding her previous acupuncture treatment, including number of sessions completed and functional improvements

made, and documentation regarding previous treatment of the cervical spine, the request is not supported. As such, the request for acupuncture 6 visits, neck and right shoulder is non-certified.

Lumbar epidural steroid injection (LESI) at L3-4, L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 48.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as a pain in dermatomal distribution with corroborative findings of radiculopathy. The purpose of epidural steroid injections are to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but the treatment alone offers no significant long term functional benefit. The criteria for epidural steroid injections include radiculopathy and must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic studies. The patient needs to have been initially unresponsive to conservative treatments including exercise, physical methods, NSAIDS and muscle relaxants, and the injections should be performed using a fluoroscopic live x-ray for guidance. If used for diagnostic purposes, a maximum 2 injections should be performed and no more than 2 nerve root levels should be injected at 1 session. The clinical documentation provided indicated the injured workers' sensory examination did not reveal any areas of hypoesthesia and the motor strength test did not reveal evidence of gross weakness. The guidelines indicate that no more than 2 levels should be injected at one setting. In the absence of significant neurological deficits suggestive of radiculopathy and corroboration by diagnostic testing, and as the request levels exceeds the number of levels that are supported by the guidelines, the request would not be supported. The request also failed to indicate if the injection would be performed using a fluoroscopic live x-ray for guidance. As such, the request for lumbar epidural steroid injection (LESI) at L3-4, L4-5, and L5-S1 is non-certified.

Facet branch block at L3-4, L4-5, L5-S1: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks) & Facet joint pain, signs & symptoms.

Decision rationale: The California ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The

Official Disability Guidelines indicate that Facet joint intra-articular injections (therapeutic blocks) are under study and current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The criteria state no more than one therapeutic intra-articular block is recommended there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The guidelines also state that no more than 2 joint levels may be blocked at any one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The clinical documentation provided indicated there was no radicular pain noted on physical exam however; there was also no evidence if the injured worker will be participating in conservative care (activity, exercise, etc.) to facilitate functional improvement. In addition, she was not clearly shown to have a clinical presentation consistent with facet joint pain as the documentation did not indicate there was specific tenderness to palpation over the facets at the requested levels. Therefore, in the absence of documentation showing a clear clinical presentation consistent with facet mediated pain, and as there was no evidence if the injured worker would be participating in conservative care (activity, exercise, etc.) to facilitate functional improvement, the request would not be supported. As such, the request for decision for facet branch block at L3-4, L4-5, and L5-S1 is non-certified.