

Case Number:	CM14-0046986		
Date Assigned:	07/02/2014	Date of Injury:	03/01/2011
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Interventional Spine 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 request for bilateral facet joint injection L5-S1 is not medically necessary. The injured worker has received a previous lumbar epidural injection with significant pain relief. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to a facet Neurotomy if a Neurotomy is chosen as an option for treatment. The diagnostic blocks may be performed with anticipation that if successful, treatment may proceed to a facet Neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is clinical presentation should be consistent with facet joint pain signs and symptoms such as tenderness to palpation in the paravertebral areas over the facet region, a normal sensory exam, absence of radicular findings although the pain may radiate below the knee and a normal straight leg raising exam. The criteria also includes 1 set of diagnostic medial branch blocks that is required with a response of greater than 70%, the pain response should last at least 2 hours for lidocaine. The criteria are limited to patients with low back pain that is not radicular and no more than 2 levels bilaterally. There also must be documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The criteria also included no more than 2 facet joint levels are injected in 1 session as well as diagnostic facet blocks should not be performed in patients until a surgical procedure is anticipated or have had a previous fusion procedure at the planned injection level. The documentation provided noted there was no tenderness or trigger point or muscle spasms present upon palpation to the lumbar spine and there was a diminished light touch sensation in the L5-S1 to the left side dermatomal distribution. The guidelines state the signs and symptoms related to facet joint pathology indicate a normal sensory examination as well as a normal straight leg. The injured worker was noted to

have a positive straight leg raise test and diminished sensation to L5-S1 dermatomal distribution. The documentation provided has given signs of radiculopathy as opposed to facet joint pain. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional postoperative physical therapy to left shoulder 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS guidelines, web-based edition.http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers' Compensation, 2014 web based edition.

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

Decision rationale: This patient presents with shoulder pain. The patient is status post left arthroscopic subacromial decompression on 07/08/2013 and the current request for additional 12 session's therapy from 2/27/14 report is outside of the 6 months post-op therapy guidelines per MTUS. For physical medicine outside of post-operative guidelines, the MTUS guidelines page 98 and 99 on physical medicine, recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy progress note dated 10/29/2013 documents that the patient received 12 out of 12 visits with continued shoulder pain at a rate of 5/10 to 6/10. he subsequent physical therapy progress note dated 11/12/2013 notes, 1 out of 12 visits, showing the patient continues to complain of shoulder pain which has been very irritated the past few days. The last entry on this PT progress note was from 11/19/2013. The utilization review documents that the patient received 48 physical therapy sessions to date. The progress report dated 02/27/2014 documents; I believe she would benefit from PT twice weekly for the next 6 weeks to work on stretching modalities, and rotator cuff strengthening. In this case, the patient has received some 48 postoperative physical therapy treatments of which 24 sessions were verified per review of the current file. It appears the patient has had more than adequate amount of therapy. Therefore, the request is not medically necessary.