

Case Number:	CM14-0059130		
Date Assigned:	07/09/2014	Date of Injury:	05/05/2005
Decision Date:	08/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 52-year-old male with a work injury dated 5/5/05. The diagnoses include lumbar bulging disc and neuralgia, neuritis and radiculitis. In 11/04/08, the patient has had lumbar fusion at L4-5 and L5-S1. Under consideration are requests for: 1) physical therapy for acute exacerbation of lower back pain, 2) injections local back for trigger, 3) injection back facet L4-L5, L5-S1, and 4) topical Celebrex cream. Per a 7/11/13 pain management consultation the patient had spinal- fusion surgery 11/04/08. He reports right after surgery he began having numbness and pain in his right leg down to his right first toe. He continues to have numbness in his right leg at his right first toe presently. He states he has had 8-10 visits of physical therapy in the past, which did not help. He has never had acupuncture, chiropractic treatments or massage therapy. There is a primary treating physician (PR-2) document dated 3/19/14 that states that the patient states that his lower back pain is the same with constant pain and tightness. He is not currently working. On exam, he walks with a crouched gait with weakness on heel and toe walking. He has localized tenderness at the midline and left and right paravertebral and sacroiliac areas. The treatment plan includes a refill of topical Celebrex. The patient is to continue PT 3x4 for acute exacerbation of lower back pain, muscle spasm and limited range of motion. There is a request for injections local to the back for trigger or facet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (3x4) for acute exacerbation of lower back pain Qty: 12.00: 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 physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy (3) times a week for (4) week for acute exacerbation of lower back pain Qty: 12.00 is not medically necessary per the MTUS Chronic Pain Medical Guidelines. The guidelines recommend up to 10 visits for this condition. The request for 12 exceeds this recommendation. The documentation indicates that the patient has had prior therapy. Without objective documentation of the amount of therapy he has had and the efficacy additional therapy cannot be certified. The request for physical Therapy (3) times a week for (4) week for acute exacerbation of lower back pain Qty: 12.00 is not medically necessary.

Injections local back for Trigger Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Injections local back for Trigger Qty: 1.00 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the criteria for trigger point injections must include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is no documentation of a twitch response. The request for injection local back for Trigger Qty: 1.00 is not medically necessary.

Injection Back Facet L4-L5, L5-S1 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/18/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar- Facet joint diagnostic blocks (injections).

Decision rationale: Injection Back Facet L4-L5, L5-S1 Qty: 1.00 is not medically necessary per the MTUS and ODG guidelines. The MTUS ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results. The ODG states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The documentation indicates that the patient had a prior fusion at L4-5 and L5-

51. The request furthermore does not indicate whether the injections should be on the left or the right side. The request for Back Facet L4-L5, L5-S1 Qty: 1.00 is not medically necessary.

Topical Celebrex cream Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: Topical Celebrex cream Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDS are recommended for short-term use for osteoarthritis and tendinitis to joints that find themselves amenable to topical treatment (i.e. ankle, elbow, foot, hand, knee, am wrist). The MTUS states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine. The document dated 3/19/14 states that the topical celebrex was a refill yet the patient states that his back pain is unchanged from prior visit therefore the request for a Celebrex refill is not necessary as there is no improvement in patient's function or analgesia. The request for topical Celebrex cream Qty: 1.00 is not medically necessary.