MAXIMUS Federal Services

Case Number:	CM14-0070302		
Date Assigned:	07/21/2014	Date of Injury:	02/08/2007
Decision Date:	08/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/15/2014

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:

This case involves a 62-year-old female with a 2/8/2007 date of injury. According to the 5/5/14 Orthopedic Spine report from [redacted], the patient presents with 7/10 low back pain, with no relief with 1-2 months of NSAID therapy and Physical Therapy. There was no diagnoses provided on the 5/5/14 report, but on the 5/5/14 RFA, the diagnoses include low back pain; lumbar radiculopathy; s/p operative procedure. The 10/11/13 report from [redacted] notes the patient has low back pain and cramps down both legs and pain at the anterior and lateral thigh. The 6/28/13 CT scan shows L5-S1 interbody and posterior fusion and L4/5 facet disease. The neurologic evaluation was normal on 10/11/13, and the physician felt the patient had left trochanteric bursitis and meralgia paresthetica. He injected the left trochanteric bursa and lateral femoral cutaneous nerve and requested L4/5 facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Facet Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines : Low Back Chapter.

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, Facet joint intra-articular injections (therapeutic blocks) (http://www.odgtwc.com/odgtwc/low_back.htm#Facetjointinjectionslumbar.

Decision rationale: Patient has been diagnosed with low back pain and lumbar radiculopathy, s/p L5/S1 fusion. The patient apparently failed the fusion, and Physical Therapy and NSAID therapy, as well as trochanteric bursa injections and lateral femoral cutaneous nerve injections. The physician requested L4/5 facet blocks and the request presented to IMR is for the L4/5 facet blocks. The ACOEM guidelines do not recommend therapeutic facet injections for the lumbar region, and Official Disability Guidelines state therapeutic facet blocks are under study. The Official Disability Guidelines also provide criteria for diagnostic facet blocks, with the criteria being no radiculopathy, and no prior fusion. The request for L4/5 facet blocks is not in accordance with ACOEM or Official Disability Guidelines for therapeutic or diagnostic purposes. Therefore, the request is not medically necessary.

Physical Therapy, Pilates and Yoga, 3 x per week x8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Yoga Page(s): 98-99; 126. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter for Pilates.

Decision rationale: Patient presents with chronic low back pain and pain down the left leg. She has been diagnosed with low back pain and lumbar radiculopathy, s/p L5/S1 fusion. The IMR request is for Physical Therapy, Pilates, and Yoga 3x8. MTUS and Official Disability Guidelines have support for Yoga and Pilates only for select highly motivated patients. MTUS allows for 8-10 PT sessions for various myalgia's and neuralgias. There was no discussion of the patient being highly motivated for the Yoga or Pilates, and the request for physical therapy, 3x8 will exceed the MTUS guidelines recommendations for physical medicine/physical therapy. Therefore, the request is not medically necessary.