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| Case Number: | CM14-0078354 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 07/08/2013 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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 & Rehabilitation and is licensed to practice in Illinois. 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 35-year-old female with a reported date of injury on 07/08/2013. The mechanism of injury was a slip and fall. Diagnoses were noted to include lumbar muscle strain, spasm, paraspinal muscle spasms, lumbar muscle trigger points, bilateral L5 radiculopathy associated with L5-S1 disc bulge, lumbar facet arthropathy, lumbar disc displacement at L5-S1, and L5 hypoplasia with bilateral pars defect. Previous treatments were noted to include epidural injections, medications, chiropractic care, acupuncture, and physical therapy. The progress note dated 02/19/2014 was the initial pain management evaluation, and her pain was rated 6/10 with radiating pain to the low back. The low back pain radiated to the right leg with numbness, tingling, and weakness. Physical examination of the lumbar spine reveals increased tone in the lumbar paravertebral muscles, including trigger points in the lumbar paravertebral muscles and quadratus lumborum muscles and right trapezius and right rhomboid muscles. The range of motion to the lumbar spine was reduced with forward flexion to 40 degrees and extension to 5 degrees, with right/left lateral flexion 15/25 degrees and right/left lateral rotation 40/45 degrees. There was a positive straight leg raise in the bilateral L5 dermatomes. There was also a positive Patrick's test bilaterally, right greater than left, with sensory reduction to light touch in the right L5 dermatome. The injured worker was noted to have full motor strength and equal deep tendon reflexes. The progress note dated 03/19/2014 revealed the injured worker complained of aching, sharp pain to the lumbar spine that was exactly the same from previous examinations radiating into the right leg rated 6/10. Medications helped to alleviate the pain, and she has limited activities of daily living due to the injury. The physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinals and limited range of motion by pain with forward flexion to 20 degrees, extension to 20 degrees, and a positive straight leg raise. The injured worker did have a 5/5 motor strength rating with equal deep tendon reflexes. The

Request for Authorization Form dated 04/17/2014 was for pain management consultation for a lumbar epidural spine medial branch block at L4-5 and L5-S1 and a trial of lumbar spine traction at a frequency of 1 time per week for 3 weeks to decrease low back pain and radicular symptoms in consideration of provision for a home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. In this case, the documentation indicates the injured worker has been seen and treated with an epidural steroid injection. There is no provided rationale from the treating provider as to why another pain management consultation is needed at this time. Therefore, the request for a pain management consultation is not medically necessary and appropriate.

Physical therapy once a week for three weeks to the lumbar spine: 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): 98-99.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines' recommendation for neuralgia, neuritis, and radiculitis is 8

visits to 10 visits over 4 weeks. In this case, there is a lack of documentation regarding the number of previous physical therapy sessions attended, as well as quantifiable objective functional improvements. Therefore, the request for physical therapy once a week for three weeks to the lumbar spine is not medically necessary and appropriate.