

Case Number:	CM14-0194773		
Date Assigned:	12/02/2014	Date of Injury:	01/18/2009
Decision Date:	01/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, 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 patient is a 41 year old male with an injury date of 01/18/09. Based on the 09/26/14 progress report provided by treating physician, the patient complains of neck and low back pain rated 7-9/10. Physical examination to the lumbar spine revealed tenderness to palpation at L3-S1 paralumbar regions and the bilateral sacroiliac joints, right greater than left. Bilateral bending was painful at the end of ranges of motion. Examination of the left knee revealed tenderness to palpation to the medial joint line, patellofemoral region, and inferior and medial patella. Ranges of motion were normal bilaterally. Patient's medications include Effexor, Protonix, Voltaren, Neurontin, Tizanidine, Amlodipine, Docusate Sodium, and Voltaren Gel. Patient had 25 physical therapy sessions until 01/31/14. Patient had orthopedic consult for the lumbar spine on 09/04/14. Patient had MRI of bilateral shoulders, lower back and left knee, however results were not discussed. Patient has returned to work on modified duty per 09/26/14 treater report. Diagnosis 09/26/14- head injury, not otherwise specified- sprains and strains of the neck- cervical disc displacement without myelopathy- headache/tension- adjustment disorder with mixed anxiety and depressed mood- reflux esophageal - constipation not otherwise specified- bursitis shoulder- knee derangement- patellofemoral syndrome pain in joint/leg/knee- lumbar displacement without myelopathy- shoulder bursae and tendon disorders not otherwise specified- epicondylitis medial- sacroiliac dysfunction- unspecified sleep apnea- abdominal or pelvic swelling, mass or lump- sprains and strains of wrist not otherwise specified- sprain/strain sacroiliac ligament- sprain/strain thoracic dorsal spine thoracic sprain/strain- sprains and strains of lumbar region- contusion chest wall- knee contusion- TMJ sprain- medial meniscus tear, kneeThe utilization review determination being challenged is datedThe rationale follows:- facet nerve block at L4-5 and L5-S1: "... the patient had prior facet lumbar blocks. The outcome of

these blocks with respect to changes in pain score or function was not elaborated in the record review to substantiate facet blocks at this time..."Treatment report dated 09/26/14 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with neck and low back pain rated 7-9/10. The request is for physical therapy for the left knee 2x3. Treater has not documented the left knee as a patient's complaint in provided progress report. However, examination of the left knee on 09/28/14 revealed tenderness to palpation to the medial joint line, patellofemoral region, and inferior and medial patella. Ranges of motion were normal bilaterally. Patient's diagnosis on 09/26/14 included knee derangement, patellofemoral syndrome pain in joint/leg/knee, knee contusion, and medial meniscus tear. Patient had MRI of left knee, however results were not discussed. Patient's medications include Effexor, Protonix, Voltaren, Neurontin, Tizanidine, Amlodipine, Docusate Sodium, and Voltaren Gel. Patient has returned to work on modified duty per 09/26/14 treater report. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not discussed why the patient requires formalized therapy and is unable to do home exercises to manage pain. Given the patient's diagnosis, the request for 6 physical therapy sessions for the left knee would be reasonable, as it has been close to 9 months since last visit. However, treater has not provided reason for the request, examination findings are not significant, and complaint to the left knee is not documented in progress report provided. Patient had 25 physical therapy sessions until 01/31/14, and treater has not discussed body part addressed, or how the patient responded to the treatments. Given the lack of discussion and documentation, the request is not medically necessary.

Orthopedic consultation for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with low back pain rated 7-9/10. The request is for orthopedic consultation for the left knee. Treater has not documented the left knee as a patient's complaint in provided progress report. However, examination of the left knee on 09/28/14 revealed tenderness to palpation to the medial joint line, patellofemoral region, and inferior and medial patella. Ranges of motion were normal bilaterally. Patient's diagnosis on 09/26/14 included knee derangement, patellofemoral syndrome pain in joint/leg/knee, knee contusion, and medial meniscus tear. Patient had MRI of left knee, however results were not discussed. Patient's medications include Effexor, Protonix, Voltaren, Neurontin, Tizanidine, Amlodipine, Docusate Sodium, and Voltaren Gel. Patient has returned to work on modified duty per 09/26/14 treater report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Treating physician is certified in pain medicine. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested orthopedic consult for the knee. Given the patient's diagnosis, the request for consult would appear to be reasonable. However, treater has not provided reason for the request, examination findings are not significant, and complaint to the left knee is not documented in progress report provided. Therefore the request is not medically necessary.

Facet nerve block at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with low back pain rated 7-9/10. The patient presents with low back pain rated 7-9/10. The request is for facet nerve block at L4-5 and L5-S1. Patient's diagnosis on 09/26/14 included lumbar displacement without myelopathy, sacroiliac dysfunction, sprain/strain sacroiliac ligament, sprain/strain thoracic dorsal spine thoracic sprain/strain, and sprains and strains of lumbar region. Patient had MRI of the lumbar spine, however results were not discussed. Patient's medications include Effexor, Protonix, Voltaren, Neurontin, Tizanidine, Amlodipine, Docusate Sodium, and Voltaren Gel. Patient has returned to work on modified duty per 09/26/14 treater report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus 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)." Treater has not provided reason for the request. Physical examination to the lumbar spine on 09/26/14 revealed tenderness to palpation at L3-S1 paralumbar regions and the bilateral sacroiliac joints, right greater than left. Bilateral

bending was painful at the end of ranges of motion. No radiculopathy has been documented, and treater has requested injection to two levels of the lumbar spine. UR letter dated 10/29/14 states "... the patient had prior facet lumbar blocks. The outcome of these blocks with respect to changes in pain score or function was not elaborated in the record review to substantiate facet blocks at this time..." The treater must keep track of these injections and the responses. If the patient already had facet evaluation blocks, then there would be no need to repeat them. The treater does not explain why he is asking for the procedure again, or what the utilization review is referring to and whether or not there has been a prior facet joint evaluation. Therefore, current request is not medically necessary.

Left knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Knee Brace.

Decision rationale: The patient presents with neck and low back pain rated 7-9/10. The request is for left knee brace. Treater has not documented the left knee as a patient's complaint in provided progress report. However, examination of the left knee on 09/28/14 revealed tenderness to palpation to the medial joint line, patellofemoral region, and inferior and medial patella. Ranges of motion were normal bilaterally. Patient's diagnosis on 09/26/14 included knee derangement, patellofemoral syndrome pain in joint/leg/knee, knee contusion, and medial meniscus tear. Patient's medications include Effexor, Protonix, Voltaren, Neurontin, Tizanidine, Amlodipine, Docusate Sodium, and Voltaren Gel. Patient has returned to work on modified duty per 09/26/14 treater report. ACOEM page 304 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartamental OA, or tibial plateau fracture." Given the patient's diagnosis, the request for left knee brace would appear to be reasonable. However, treater has not provided reason for the request, and examination findings are not significant, as patient presents with normal ranges of motion to the bilateral knees. Patient had MRI of the left knee, however results were not discussed. Furthermore, there is no complaint to the left knee documented in progress report provided. Therefore the request is not medically necessary.