

Case Number:	CM15-0002386		
Date Assigned:	01/29/2015	Date of Injury:	11/30/2003
Decision Date:	03/27/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 11/30/2003 while lifting an air conditioner. The diagnoses have included chronic low back pain with grade II spondylolisthesis at L5-S1, cervicalgia, lumbago, lumbar radiculopathy, lumbar facet dysfunction and cerebrovascular accident (CVA). Treatment to date has included physical therapy, conservative care and psychological evaluation. Currently, the IW complains of constant mild neck pain and sharp low back pain with radiation into the right leg with numbness, tingling and burning. He has difficulty walking and states that 70% of the pain is in his low back. Objective findings included a positive straight leg raise test. There was a positive facet loading test and Spurling's test. There is decreased sensation to light touch on the right leg as well as weakness of right dorsiflexion. There is tenderness of the cervical paraspinal and upper trapezius muscles along the scapular border, in the lumbar paraspinal muscles and sacroiliac joint. On 12/17/2014, Utilization Review modified a request for 12 sessions of physical therapy to the lower back, non-certified a request for magnetic resonance imaging (MRI) of the lumbar spine, 1 bilateral medial branch block at L3, L4 and L5 with fluoroscopy, Celebrex200 mg#30, and conditionally non-certified prescriptions for Gabapentin 300mg #60 and Tramadol 50mg #45 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the services as requested. The MTUS, ACOEM and ODG were cited. On 1/06/2015, the injured worker submitted an application for IMR for review of 12 sessions of physical therapy for the lower back, MRI of the lumbar spine, 1 bilateral medial branch block at

L3, L4 and L5 with fluoroscopy, 1 prescription of Celebrex 20mg #30, 1 prescription of Gabapentin 300mg #60 and 1 prescription of Tramadol 50mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to lower back: Upheld

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

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

Decision rationale: This patient presents with lower back pain, bilateral leg pain. The treater has asked for 12 SESSIONS OF PHYSICAL THERAPY TO LOWER BACK on 11/26/14. The patient describes having unspecified number of physical therapy in 2003, a month after initial injury which helped for a time per 11/26/14 report. A review of the reports does not include any mention of any recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is currently not working. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The treater has asked for 1 MRI OF THE LUMBAR SPINE on 11/26/14. The patient states that a prior MRI of the back was performed but the date was not specified per 11/26/14 report. ODG guidelines state: Repeat MRIs are indicated only if there has been progression of neurologic deficit. The patient is currently not working. In this case, there is no documentation of any red flags, or deterioration neurologically. There was no reason to obtain another MRI. The treater does not provide a rationale for a repeat lumbar MRI. Given the lack of evidence of a progression of neurological deficit as per ODG guidelines for repeat MRI, the request IS NOT medically necessary.

1 bilateral medial branch block at L3, L4 and L5 with fluoroscopy: 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 - Lumbar & Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The treater has asked for 1 BILATERAL MEDIAL BRANCH BLOCK AT L3, L4, AND L5 WITH FLUOROSCOPY on 11/26/14. Review of the report shows no history of prior medial branch blocks. Physical exam on 11/26/14 showed positive facet loading text, positive straight leg raise, decreased sensation to light touch in the right leg. Regarding facet diagnostic evaluations, ACOEM p 300, 301 supports it and ODG recommends it for non-radicular back pain with positive facet joint findings on examination. The patient is currently not working. In this case, the patient has lower back pain. The request is for a bilateral medial branch block at L3-4, and L4-5. Examination showed positive facet joint loading but also showed nerve root tension signs consistent with radiculopathy. The patient has significant radiating pain down the leg for which the ODG guidelines do not support a facet joint evaluation. The request IS NOT medically necessary.

1 prescription of Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The treater has asked for 1 PRESCRIPTION OF CELEBREX 200MG #30 on 11/26/14. Review of the reports do not show any evidence the patient has prior usage of Celebrex, but is currently taking Motrin. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. The patient is currently not working. In this case, the patient presents with chronic lower back pain, and it appears the treater is switching from Motrin to Celebrex. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. A trial of the requested Celebrex appears reasonable for patient's ongoing back pain. The request IS medically necessary.