

Case Number:	CM15-0101038		
Date Assigned:	06/03/2015	Date of Injury:	07/30/2011
Decision Date:	07/21/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 7/30/2011. She reported a slip in fall with pain to the neck, bilateral shoulders, right elbow and lumbar spine. Diagnoses include bilateral shoulder sprain/strain, cervical sprain/strain and lumbar sprain/strain. Treatments to date include modified activity, chiropractic therapy, and physical therapy sessions. Currently, she complained of ongoing low back pain with associated headache, fatigue, joint pain and swelling and sleep disruption. She reported physical therapy was helpful in decreasing neck pain. There was also associated numbness and tingling reported to bilateral lower extremities. On 4/13/15, the physical examination documented tenderness and decreased range of motion to bilateral paraspinal muscles and sacroiliac joints. The treating diagnoses included lumbar facet syndrome, chronic cervical sprain, chronic lumbosacral sprain with radicular symptoms, lumbar disc herniations with bilateral neural foraminal narrowing. The plan of care included medial branch facet blocks bilaterally at L3-4 and L4-5; and additional physical therapy twice a week for three weeks to treat the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 3 weeks for the cervical and lumbar spine:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, ODG Preface.

Decision rationale: The request for physical therapy for cervical and lumbar spine is not medically necessary. The patient has already received 12 physical therapy sessions without documentation of objective improvement in functional capacity. The patient should be able to continue a home exercise program. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. There is a lack of documentation. Therefore, the request is considered not medically necessary.

Medial branch facet blocks at bilateral L3-L4 and L4-L5: Upheld

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

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, facet joint diagnostic blocks.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address this. The patient was documented to have left-sided L5-S1 facet joint tenderness with positive facet joint compression test and diminished range of motion of the lumbar spine. It is unclear why the request is for L3-L4 and L4-L5 bilaterally when the exam only shows left-sided tenderness at L5-S1. Therefore, the request is considered not medically necessary.