

Case Number:	CM15-0134228		
Date Assigned:	07/22/2015	Date of Injury:	12/13/2009
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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
 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 49-year-old female, who sustained an industrial injury on December 13, 2009. Treatment to date has included L4-5 selective nerve root blocks, transforaminal epidural steroid injection, ice-heat therapy, home exercise program and medications. Currently, the injured worker reports that she has pain in the left side of the low back with spasms. She had right side lumbar epidural steroid injection on March 2, 2015 and notes that her right low back pain has improved. She uses ice-heat therapy for pain relief. On physical examination, the injured worker has tenderness to palpation over the low back and sacroiliac joint areas. Thigh thrust, Faber and Gaenslen's tests are positive on the left. She has pain with lumbar extension. The diagnoses associated with the request include lumbar facet arthrosis, left sacroiliac joint dysfunction, lumbar disc extrusion, canal stenosis and neural foraminal stenosis. The treatment plan includes left lumbar facet injections at L4-5 and L5-S1, physical therapy for the sacroiliac joint, urine drug screen, hydrocodone and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to MD, left lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 section, facet joint pain/injections.

Decision rationale: The MTUS is silent regarding therapeutic facet joint injections. The ODG discusses the criteria for the use of therapeutic facet joint block injections: 1. No more than one injection at one time, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 3. If previously successful (pain relief of 70% or greater, plus pain relief of 50% or greater for a duration of at least 6 weeks), a medial branch diagnostic block and subsequent neurotomy may be considered, 4. No more than 2 joint levels may be blocked at any one time, and 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In the case of this worker, there was recent complaint of left-sided low back pain without radiation and provocative testing which was suggestive of lumbar facet pain as well as muscle spasm. It is reasonable to have the worker return to the specialist for consideration of injection. However, the request for "left lumbar facet injection" is not specific enough and should be first evaluated by the specialist providing the injection before requesting injections. Therefore, the current request with combined referral and facet injection together will be considered medically unnecessary at this time.

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, pages 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there should have been sufficient supervised physical therapy over the years following her injury. However, the provider reported that the worker was not seeing improvement in her symptoms with her current home exercise program, which was not detailed (exercises and frequency of use, etc.) suggesting that a refresher course on exercises might be helpful. However, the request for 6 sessions seems more than necessary for this purpose and 1-3 sessions is likely to be sufficient for this. Therefore, the current request for 6 sessions will be considered medically unnecessary at this time.