

Case Number:	CM15-0147837		
Date Assigned:	08/10/2015	Date of Injury:	05/02/2014
Decision Date:	09/17/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina, Georgia
 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:

This 52 year old male sustained an industrial injury to the low back on 5-2-14. Previous treatment included chiropractic therapy, physical therapy (six sessions), epidural steroid injections, left lumbar medial branch blocks and left lumbar rhizotomy, H-wave, transcutaneous electrical nerve stimulator unit, and medications. In a visit note dated 7-8-15, the injured worker complained of low back and left hip pain rated 8 out of 10 on the visual analog scale with medications. The injured worker had completed one out of six sessions of chiropractic therapy. The injured worker reported that recent epidural steroid injection (4-13-15) did not provide significant relief. The injured worker reported that his activity level had decreased. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature, positive left lumbar facet loading, pain with left hip range of motion, pain over the left ischial tuberosity, limited lumbar spine range of motion, 5 out of 5 bilateral lower extremity strength and intact lower extremity sensation, and normal heel and toe walk. Current diagnoses included lumbar facet syndrome, muscle spasms and lumbar spine degenerative disc disease. The physician noted that injured worker reported significant pain improvement in the past with treatment and that the injured worker was sleeping better at night. The treatment plan included requesting authorization for medial branch block, twelve additional physical therapy sessions, six additional chiropractic therapy visits, ten sessions of pain management group, continuing H-wave, and continuing pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic therapy visits for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. In this case, the claimant has already completed chiropractic therapy with no documented functional improvement and further chiropractic therapy is not medically indicated. The request is not medically necessary.

1 referral to pain management psychologist for evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

Decision rationale: The CA MTUS does recommend initial psychological evaluation to evaluate and assess any comorbid conditions that might affect management of chronic pain. In this case, a consultation with a pain psychologist has already been performed and there is no medically reasonable rationale stated for an additional consultation with a different pain management psychologist. The request for pain management psychologist is not medically indicated. The request is not medically necessary.

1 medial branch block at left L3, L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (Injections) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

Decision rationale: CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70 percent reduction pain that lasts for at least two hours is obtained. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50 percent relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the claimant has had prior medial branch block and rhizotomy on the affected side without substantial relief. There is no indication for repeat medial branch block. Additionally, the request is for blocks at L3, L4, L5, and S1 which exceeds the recommendation not to exceed two levels in a session. The request for medial branch block L3, L4, L5, S1 is not medically necessary.

12 physical therapy visits: Upheld

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

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

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed multiple physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from 12 additional physical therapy visits. The QME physician did suggest up to 6 sessions of physical therapy, focused on high quality active physical therapy to transition the claimant to home exercise program. The request for 12 sessions of physical therapy exceeds this rationale and therefore is not medically necessary.