

Case Number:	CM15-0166984		
Date Assigned:	09/04/2015	Date of Injury:	12/12/2013
Decision Date:	10/13/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 56 year old female, who sustained an industrial injury on December 12, 2013. She reported low back pain with numbness in the right thigh and left lower extremity pain that traveled to the top of her foot. Treatment to date has included medications, electrodiagnostic study, MRI, x-rays, acupuncture, toxicology screen and epidural injections. Currently, the injured worker complains of low back pain. The injured worker is currently diagnosed with sciatica, L4-L5 and L5-S1 facet arthropathy, right L5 radiculopathy, left L4 radiculopathy-paresthesia and moderate left L5 foraminal stenosis and left L3 foraminal stenosis. Her work status is temporary total disability. A note dated April 6, 2015 states the injured worker did not experience pain relief from the epidural injection. A note dated May 19, 2015 states the injured worker is receiving temporary pain relief from acupuncture. A note dated June 22, 2015 states the injured worker is receiving therapeutic efficacy from Norco. The note also states the injured worker experiences a decrease in pain from 10 on 10 to 8 on 10 from medications. The following, physical therapy to lumbar spine, two times a week for three weeks, and diagnostic facet joint injections, bilateral L4-L5, are requested to decrease pain and assist with further diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to lumbar two (2) times a week for (3) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has chronic low back pain. Previous treatments have included physical medicine, acupuncture and ESI. The requested PT sessions are in excess of the number of sessions that would be reasonable to set up a HEP. The additional sessions of PT are not medically necessary.

Diagnostic facet joint injections bilateral L4/5: 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), Medial branch blocks.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Acupuncture Treatment 2007.

Decision rationale: According to the ACOEM chapter on low back, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. In this case the request is for a medial facet joint injection. The requested procedure is of questionable merit according to the MTUS. The documentation doesn't support the request and is not medically necessary. Previous injections have not been helpful to reduce the patient's pain.