

Case Number:	CM15-0187902		
Date Assigned:	09/29/2015	Date of Injury:	04/28/2011
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational 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 65 year old female who sustained an industrial injury on 4-28-2011. A review of medical records indicates the injured worker is being treated for knee pain, joint pain, ankle, lumbar disc with radiculitis, facet arthropathy, syndrome, and spinal stenosis lumbar. Medical records dated 8-21-2015 noted low back pain with radiation to the right lower extremity. Pain was rated a 4-5 out 10. Medical records dated 9-15-2015 noted pain a 4-5 out 10. She has had reoccurrence of previous right lower extremity radiculopathy for which she has had excellent results from an epidural injection in 2012. Pain is aggravated by increased activity, daily chores, sitting to long, laying on side, and driving. Treatment has included injection x 2, physical therapy amount unknown, TENS unit, heating pad, ice, surgery, massage, medications, and acupuncture. Injection provided 50% relief with the ability to sleep better and improved movement. She reported a 50% reduction in radicular pain. Physical examination noted range of motion of the lumbar spine was full in flexion, significantly reduced in extension, with positive right and left facet loading. It was reduced in lateral rotation and lateral bending. Straight leg raise test was positive right lower extremity for radicular signs and symptoms. MRI of the lumbar spine dated 6-29-2015 revealed moderate spinal canal stenosis. Utilization review form dated 9-18-2015 noncertified physical therapy x 6 to the lumbar spine and medical branch block @ left L3, L4, L5 with LA only x 1, one week later same levels on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) six sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case the injured worker has participated in an unknown number of physical therapy sessions, acupuncture, and massage therapy without any documentation of the efficacy of the sessions. The request for PT (physical therapy) six sessions for the lumbar spine is determined to not be medically necessary.

Diagnostic Medial Branch Block, at left L3, L4, L5 with LA only QTY 1 (one week later same levels on the right side): 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) Low Back (updated 7/17/2015) Online Version Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, there is evidence of facet joint pain but also of radicular pain, therefore, the request for diagnostic medial branch block, at left L3, L4, L5 with LA only QTY 1 (one week later same levels on the right side) is determined to not be medically necessary.