

Case Number:	CM15-0199998		
Date Assigned:	10/15/2015	Date of Injury:	08/30/2010
Decision Date:	12/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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 York, California
 Certification(s)/Specialty: Emergency 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 55 year old male who sustained an industrial injury on 08-30-2010. Medical records indicate the worker was treated for injury to the lumbar back, chronic intractable lumbar backache, and bilateral lower extremity radiculopathic pain. In the provider notes of 09- 16-2015, the injured worker complains of low back pain and limited range of motion of the lumbar spine with tingling and numbness of the left leg. The pain is at a level 9 on a scale of 0- 10 and is aggravated by sitting on hard surfaces. Low back pain is exaggerated when standing on uneven surfaces or standing up from a sitting position without the help of the upper torso. The worker also reports pain in the bottom of the feet. The worker received a lumbar epidural steroid injection (04-08-2015) at L4-L5 and L5-S1 and reported 50% improvement of the weakness, tingling, and numbness in the bilateral lower extremities. On exam, the worker has a normal gait. He can walk on heels and toes with difficulty due to bilateral hip pain. There is tenderness in the bilateral paravertebral muscles with spasm. There is marked stiffness of the bilateral hips and knees. There is low back pain throughout the arc of motion. On palpation, there is severe guarding to deep palpation on the left lower extremity, associated with severe myofascial pain that was reproduced on deep palpation of lumbar paraspinal muscles. He also has pain and guarding over the spinous process. There is pain to palpation over the bilateral lumbar paraspinal muscles with moderate to severe guarding. Palpation over the sacroiliac joints reproduced sharp shooting pain down the posterior and lateral aspect of the thighs that was suggestive of severely positive sacroiliac joint thrust test. Gaenslen's test is positive. Straight leg raising tests are severely positive in both the seated and supine positions. Range of motion is

diminished in all planes. The worker walks with a mild limp. Heel and toe tests are done with some difficulty, and the worker is not able to squat fully due to muscle spasms. His diagnoses at the 09-16-2015 visit included sacroiliitis of the bilateral sacroiliac joints, progressing, and Lumbar sprain-strain with lumbar paraspinal muscle spasms, severe, lumbar radiculitis-radiculopathy of the lower extremities, chronic pain, and plantar fasciitis. His plan of care included implanting a percutaneous neurostimulator, referral to a specialist for treatment of plantar fasciitis, and medications. A request for authorization was submitted for: 1. Second bilateral L4-5 and L5-S1 transforaminal ESI. 2. P-Stim x 4. 3. Lumbar support. 4. Physiotherapy. 5. Massage. A utilization review decision 09-28-2015 certified the Second bilateral L4-5 and L5-S1 transforaminal ESI, and non-certified the requests for: P-Stim x 4- Lumbar support. Physiotherapy. Massage

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stim x 4: 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): Pulsed radiofrequency treatment (PRF).

Decision rationale: According the CAMTUS guidelines, "Not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes." Without the support of the guidelines, the request for p-stimulation treatments x 4 is determined not medically necessary.

Lumbar support: 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 - Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain. Guidelines state, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The ACOEM Guidelines states, "The use of supports may appear to be helpful, as when there is pain, a support that reduces mobility may theoretically speed healing. However, numerous studies have shown a clear pattern that increasing activity

levels reduces LBP (see Bed Rest, Aerobic Exercises). Thus, the theoretical construct for a beneficial use of lumbar supports for either treatment or prevention of LBP appears tenuous. Lumbar supports are low to moderate cost. They are not invasive, but they have minor but widely prevalent complications resulting in high non-compliance rates. There are other interventions with evidence of efficacy especially for treatment (NSAIDs, exercise, cognitive-behavioral, etc.), and also for prevention (exercise)." Without the support of the guidelines, the requested lumbar brace is therefore not medically necessary.

Physiotherapy: 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), Physical Therapy Guidelines.

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

Decision rationale: According to CA MTUS, physical medicine is utilized with the overall goal of improving function. The records do not discuss previous physical medicine treatments. There is no documentation of a home therapy program. The request does not include a recommended number or frequency of physiotherapy visits. Additionally, the request does not discuss intended body part of treatment. Without the support of the records, an incomplete request cannot be adequately reviewed. Without this documentation, the request for physiotherapy is determined not medically necessary.

Massage: 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), Massage.

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

Decision rationale: According to CA MTUS, physical medicine and massage therapy is recommended with the overall goal of improving function. The records do not discuss previous massage treatments. There is no documentation of a home therapy program. The request does not include a recommended number or frequency of massage therapy visits. Additionally, the request does not discuss intended body part of treatment. Without the support of the records, an incomplete request cannot be adequately reviewed. Without this documentation, the request for massage is determined not medically necessary.