

Case Number:	CM15-0201387		
Date Assigned:	10/16/2015	Date of Injury:	12/16/2013
Decision Date:	12/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male, who sustained an industrial injury on December 16, 2013. The injured worker was diagnosed as having musculoligamentous sprain to the thoracic spine, musculoligamentous sprain and strain to the lumbar spine, lumbar spine disc bulge, radiculopathy from the lumbar spine, adjustment reaction with depression and anxiety secondary to chronic pain and disability, chronic pain and disability with delayed functional recovery, lumbar facet arthropathy, left trochanteric bursitis, sacroiliac dysfunction, insomnia, and left hip tendinoligamentous injury. Treatment and diagnostic studies to date has included medication regimen, home exercise program, magnetic resonance imaging of the lower back, x-rays, physical therapy, and chiropractic therapy. In a progress note dated March 13, 2015 the treating physician reports intermittent pain with the site not specified and noted that the injured worker had no change in the pain from the prior visit. The medical records provided did not include any prior progress notes. Examination performed on March 13, 2015 was revealing for positive straight leg raises to the left, positive piriformis testing, and decreased sensation to the lumbar spine. The injured worker's pain level on March 13, 2015 was rated a 7 on a scale of 0 to 10 that was noted to increase to an 8. The progress note on March 13, 2015 indicated that the injured worker "has not tried any new form of therapy", but did not indicate any prior therapy performed. In an Agreed Medical Evaluation (AME) from May 19, 2015 the evaluating physician noted stabbing, aching, and throbbing pain to the lumbar spine that radiated to the bilateral lower extremities with numbness and tingling. The AME from May 19, 2015 noted that the injured worker had at least 15 sessions of physical therapy, with the evaluating physician

noting that after the first six sessions of physical therapy did not provide relief to the injured worker and the nine sessions of physical therapy performed also provided no relief to the injured worker, along with the physician noting that the physical therapy was discontinued secondary to an increase in complaints. On May 19, 2015 the evaluating physician noted magnetic resonance imaging performed with the date not indicated that was revealing for a "lumbar five to sacral one with a 6mm herniated disc that was central and right paracentral indenting the thecal sacroiliac and compressing the right sacroiliac nerve root". The evaluating physician on May 19, 2015 noted that an "epidural injection would be appropriate in light of the disc pathology and radiculopathy." The treating physician requested physical therapy three times four weeks to the lumbar spine and left lumbar five and sacral one sympathetic nerve block, but the treating physician did not indicate the specific reasons for the requested therapy and procedure. On September 03, 2015 the Utilization Review denied the requests for physical therapy three times four weeks to the lumbar spine and left lumbar five and sacral one sympathetic nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for lumbar spine: Upheld

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

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

Decision rationale: The patient presents with diagnoses that include lumbar and thoracic muscular ligamentous strain, lumbar disc bulging with radiculopathy, depression, chronic pain and disability with delayed functional recovery, lumbar facet arthropathy, left trochanteric bursitis, sacroiliac dysfunction, and left hip ligamentous injury. The patient recently complained of increased neck and left hip pain. The current request is for 12 sessions of physical therapy for the lumbar spine. The clinical history provided did not include the treating physician's request for authorization nor the accompanying treating report. Thus, we do not have documented the physician's medical basis for this request. However, the agreed medical examiner report dated 5/19/15 (9b) did note the patient has completed prior PT but did not document the number of session but rather noted that the patient "discontinued physical therapy due to increasing of his complaints." MTUS Guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the request of 12 sessions exceeds the MTUS guideline recommendation of 8-10 sessions of PT. The current request is not medically necessary.

Left L5, S1 sympathetic nerve block: 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), Pain

chapter - Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block & lumbar sympathetic block).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

Decision rationale: The patient presents with diagnoses include lumbar and thoracic muscular ligamentous strain, lumbar disc bulging with radiculopathy, depression, chronic pain and disability with delayed functional recovery, lumbar facet arthropathy, left trochanteric bursitis, sacroiliac dysfunction, and left hip ligamentous injury. The patient recently complained of increased neck and left hip pain. The current request is for a sympathetic nerve block, left L5, S1. The clinical history provided did not include the treating physician's request for authorization nor the accompanying treating report. Thus, we do not have documented the physician's medical basis for this request. However, the MTUS Guidelines state, "recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment-Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies." In this case, the clinical history is not complete. The clinical reports provided did not specifically address the requested medical treatment. Furthermore, based on guidelines, lumbar sympathetic blocks are under study with limited support for the procedure. The request is not supported by the MTUS guidelines. The current request is not medically necessary.