MAXIMUS Federal Services

Case Number:	CM15-0201728		
Date Assigned:	10/16/2015	Date of Injury:	03/18/1999
Decision Date:	12/24/2015	UR Denial Date:	09/30/2015
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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male who sustained an industrial injury on 3-18-99. The medical records indicate that the injured worker is being treated for lumbar spine disc bulge; right wrist surgery; bilateral carpal tunnel syndrome; chronic pain syndrome; lumbar facet arthropathy; peripheral neuropathy. He currently (9-11-15) complains of low back pain with radiation to the right groin and into the right lower extremity; right and left wrist pain, secondary to carpal tunnel syndrome. On physical exam there was difficulty with lumbar range of motion due to pain with tenderness to palpation. Weak grip in both hands and positive facet loading maneuvers. The 8-21-15 progress note indicated complaints of persistent back pain; depression; sadness; headaches; stomachaches. He has sleep difficulties and pain interferes with activities of daily living. Diagnostics include MRI of the right wrist (5-3-15) showing evidence of carpal tunnel release surgery, moderate marrow edema. Treatments to date include psychological assessment; pain management evaluation (12-5-14); percutaneous electrical nerve stimulator; medications: meloxicam, Lidocaine patch, tramadol, Ambien, gabapentin; acupuncture with benefit. Prior physical therapy visits were not present. In the 9-11-15 progress note the treating provider requested bilateral L4, L5, L5-S1 facet joint injection. On 9-30-15 Utilization Review non-certified the requests for general surgeon consult; orthopedic specialist consult; pain medication consult; follow up office visit 5 weeks; physical therapy 2 times a week for 6 weeks for the lumbar spine; bilateral L4-S1 facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

General surgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the submitted documentation fail to elucidate the rationale for this general surgery consultation. Given the lack of documentation, this request is not medically necessary.

Orthopedic specialist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, it is apparent that the worker continues with significant pain in multiple body regions, including the wrists and low back. The patient has had extensive conservative therapies including pain medications, PT, and injections to different body regions. Given the chronicity of this pain, it is medically necessary to seek an orthopedic consultation who can provide additional insight and options for this worker.

Pain medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the patient has continued significant pain and functional decline despite conservative treatments to date. The patient has been tried on many conservative measures including physical therapy, chiropractic and psychological support. Despite this, the low back pain remains. Given this clinical picture, the request for follow-up with pain medicine is reasonable. But it not clear why at this juncture another pain medicine consultation is needed, as the patient has established care with a pain medicine physician. Given this, this request is not medically necessary.

Follow up office visit 5 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 20th Edition, 2015 updates: Low Back Chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a follow-up visits in general, the California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, there is continued documentation of pain and functional decline. Additional interventions are being sought including a facet injection and additional physical therapy. Given this, the current request is medically necessary.

Physical therapy to the lumbar spine 2 times a week for 6 weeks: 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: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.

Bilateral L4-S1 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: With regard to the facet injection request, the ACOEM Medical Practice Guidelines, 2nd edition, 2004 specifies that facet-joint injections are "Not recommended" in Table 12-8 on page 309 based upon "limited research-based evidence (at least one adequate scientific study of patients with low back pain)." Additionally, page 300 of ACOEM Chapter 12 contains the following excerpt regarding injections: "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." It should be noted that the ACOEM guidelines take precedence over other guidelines in hierarchy of evidence for the IMR process, as it is adopted by the CA MTUS. The patient in this case is not in the transitional phase between acute and chronic pain. Rather this patient's original industrial was over a decade ago. Although facet loading is noted, since these injections are of questionable merit and are not recommended by guidelines, this request is not medically necessary.