

Case Number:	CM15-0204679		
Date Assigned:	10/21/2015	Date of Injury:	05/22/1987
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 79 year old, female who sustained a work related injury on 5-22-87. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 7-2-15 and 9-17-15, the injured worker reports lumbar spine pain without radiation to her legs. She describes the low back pain as moderate, constant and stiffness. She rates her pain a 4-6 out of 10. She has intermittent right leg paresthesia but it is not present at today's visit (9-17-15). On physical exam dated 9-17-15, she has tenderness at bilateral sacroiliac joints and L4-5 and L5-S1 facet joints. She has lumbar paravertebral spasms. She has decreased lumbar range of motion. She has intermittent paresthesia into L5 and S1 dermatomes. Treatments have included physical therapy (? number of sessions) "failed," previous medial branch blocks, "positive response", rhizotomy-"failed" and medications. Therapeutic injections have provided her with up to "80% relief." Current medications include Norco and compounded cream. She is retired. The treatment plan includes requests for medications, physical therapy and bilateral lumbar facet joint injections. The Request for Authorization dated 9-25-15 has requests for Norco, compounded cream and facet joint medial branch blocks. In the Utilization Review dated 10-1-15, the requested treatment of physical therapy x 6 visits is modified to physical therapy x 2 visits. The requested treatment of bilateral L4-5 and L5-S1 facet joint medial branch blocks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy six (6) visits: 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: Review indicates the request for PT was modified to 2 visits to assist in gait training and fall prevention. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic May 1987 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy six (6) visits are not medically necessary or appropriate.

Bilateral L4-5 and L5-S1 facet joint medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks (injections).

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

Decision rationale: Per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Review indicated 80% relief in response to previous facet blocks in 2008; however, subsequent rhizotomy failed and provided no functional improvement to support current request. Facet blocks are not recommended in patients who may exhibit extremity findings of L5, S1 paresthesias with 3/5 motor weakness.

There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (L4, L5, S1), as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L4-5 and L5-S1 facet joint medial branch blocks are not medically necessary or appropriate.