

Case Number:	CM15-0209630		
Date Assigned:	10/28/2015	Date of Injury:	09/20/2014
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 43 year old female, who sustained an industrial-work injury on 9-20-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain. Medical records dated (7-8-15 to 9-8-15) indicate that the injured worker complains of chronic lumbar spine pain especially when sitting for prolonged time and numbness and tingling in the anterior aspect of the right thigh. The physician indicates the cause is unknown and she has not seen a doctor. She has an appointment for lumbar spine Magnetic Resonance Imaging (MRI) on 9-8-15. Treatment to date has included pain medication, activity restrictions and off of work. Per the treating physician report dated 9-8-15 the injured worker has not returned to work and is to remain off work for 6 weeks. The physical exam dated from (7-8-15 to 9-8-15) reveals painful lumbar range of motion with sensation to light touch intact to the right lateral thigh, calf and ankle. The physician indicates that there is new numbness and tingling complaints in the right leg and pain in the low back. The request for authorization date was 9-8-15 and requested services included Bilateral facet joint injection (L4-L5, L5-S1) and Physical therapy 2x6 (lumbar spine). The original Utilization review dated 10-7-15 non-certified the request for Bilateral facet joint injection (L4-L5, L5-S1) and modified the request for Physical therapy 2x6 (lumbar spine) to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint injection (L4-L5, L5-S1): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. I respectfully disagree with the UR physician's assertion that the injured worker has not failed conservative therapy. Per the medical records, it was noted that the injured worker has failed NSAIDs, muscle relaxants, and physical therapy. The request is medically necessary.

Physical therapy 2x6 (lumbar spine): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, 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." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing

assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. Per the medical records submitted for review, it was noted that the injured worker had previously failed physical therapy. There was no documentation of how many sessions were completed or response to therapy. With absent documentation of functional improvement, the medical necessity of additional physical therapy cannot be affirmed. The request is not medically necessary.