

Case Number:	CM15-0021727		
Date Assigned:	02/11/2015	Date of Injury:	10/04/2012
Decision Date:	05/19/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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, Washington

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 72-year-old female who sustained a work related injury on October 4, 2012, where she stepped into a hole, fell and incurring back, neck, wrist, ankle, shoulder, and knee injuries. Treatment included a home exercise program, acupuncture, chiropractic sessions and medications. Magnetic Resonance Imaging (MRI) revealed multilevel degenerative changes of the lumbar spine. She was diagnosed with lumbar disc disease, thoracic disc disease, cervical disc disease, cervical radiculopathy, chronic spinal sprain and knee degenerative joint pain. Currently on December 9, 2014, the injured worker complained of neck pain, mid back pain, low back pain, knee and elbow pain. Upon examination, the lumbar spine revealed decreased and painful range of motion. On January 26, 2015, a request for a service to continue home exercise program, unspecified frequency; Acupuncture treatment, unspecified frequency to the lumbar spine; Facet blocks, bilateral L4-5 and Facet blocks, bilateral L5-S1 and Toradol 60mg, intramuscular (IM) was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Home Exercise Program, Unspecified Frequency/Duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine for up to 10 visits for myalgia and myositis. The documentation indicated the injured worker was to continue her home exercise program. Injured workers continue a home exercise program on their own, without a need for supervision. There was a lack of documentation indicating a necessity for supervised therapy. The request as submitted failed to indicate the body part, frequency and duration for the request. Given the above, the request for continue home exercise program, unspecified frequency/duration is not medically necessary.

Toradol 60mg IM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Toradol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

Decision rationale: The California MTUS Guidelines do not recommend Toradol for the treatment of chronic pain. The clinical documentation failed to provide a rationale for the injection. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the location for the injection. Given the above, the request for Toradol 60mg IM is not medically necessary.

Acupuncture Treatment, Unspecified Frequency/Duration, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated that the prior acupuncture had been beneficial for the injured worker. There was a lack of documentation that the injured worker had clinically significant improvement in activities of daily living or a reduction in work restrictions. The request as submitted failed to indicate the quantity and frequency for the acupuncture treatments. Given the above, the request for

acupuncture treatment, unspecified frequency/duration, and lumbar spine is not medically necessary.

Facet Blocks, Bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. The clinical documentation submitted for review indicated that the injured worker had decreased painful range of motion with positive muscle spasms and a negative straight leg raise. However, there was a lack of documentation indicating the absence of radicular findings and a normal sensory examination. There was a lack of documentation of failure of conservative care including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Given the above, the request for facet blocks bilateral L4-5 is not medically necessary.

Facet Blocks, Bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. the criteria for the use of diagnostic blocks

include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. The clinical documentation submitted for review indicated that the injured worker had decreased painful range of motion with positive muscle spasms and a negative straight leg raise. However, there was a lack of documentation indicating the absence of radicular findings and a normal sensory examination. There was a lack of documentation of failure of conservative care including home exerciser, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Given the above, the request for facet blocks bilateral L5-S1 is not medically necessary.