MAXIMUS Federal Services

Case Number:	CM15-0031861		
Date Assigned:	02/25/2015	Date of Injury:	09/25/2001
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 46 year old female, who sustained an industrial injury on 9/25/01. She has reported low back injury. The diagnoses have included lumbar post laminectomy syndrome and bursitis greater trochanteric. Treatment to date has included lumbar fusion, physical therapy, chiropractic treatment, oral medications, behavioral pain management, SI joint injections and lumbar facet blocks. (MRI) magnetic resonance imaging of lumbar spine performed on 12/2/14 revealed no residual central or foraminal stenosis post anterior and posterior decompression and fusion at L4-5 and moderate to severe bilateral foraminal stenosis at L5-S1 due to bone with bone contacting but not definitely impinging the exiting L5 roots. Currently, the injured worker complains of continuing low back pain which is constant and worse in legs and bilateral hips. Physical exam performed on 11/24/14 revealed normal muscle strength and range of motion. On 1/28/15 Utilization Review non-certified physical therapy 2-3 times a week for 4 weeks on lumbar area and bilateral facet block on L5-S1, noting she reported radicular pain and guidelines state there should be no evidence of radicular pain. The MTUS, ACOEM Guidelines and ODG were cited. On 2/20/15, the injured worker submitted an application for IMR for review of physical therapy 2-3 times a week for 4 weeks on lumbar area, noting she has already received the recommended number of physical therapy sessions and bilateral facet block on L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 x 4 on the Lumbar area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week for four weeks lumbar spine is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spondylosis; and status post lumbar spinal fusion. Objectively, the injured worker is tender to palpation in the midline lumbosacral junction and over the sacroiliac joints bilaterally. The documentation indicates the injured worker had prior physical therapy at the recommended total allowable amount. The documentation does not contain progress notes of physical therapy or PT evidence of objective functional improvement. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is necessary. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy, physical therapy 2 to 3 times per week for four weeks of the lumbar spine is not medically necessary

Bilateral facet block on the L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Criteria for use of therapeutic intra-articular and medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral facet block L5- S1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet-mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are lumbar spondylosis; and status post lumbar spinal fusion. Subjectively, there is evidence of

radiculopathy with numbness, although intermittent, involving the lower extremities. Objectively, the injured worker is tender to palpation in the midline lumbosacral junction and over the sacroiliac joints bilaterally. The ACOEM does not recommend facet joint injections and states they are of questionable merit. Facet joint injection criteria include documentation of a failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to the procedure at least 4 to 6 weeks. The injured worker received prior physical therapy; however, there was no evidence of objective functional improvement and no evidence whether there was a failure of conservative treatment. Additionally, the documentation did not state when physical therapy was rendered and the temporal relationship to the request for authorization for the facet joint block. Consequently, absent clinical documentation of failed conservative treatment and ACOEM guideline non-recommendation of facet joint injections with subjective radiculopathy lower extremities, bilateral facet block L5-S1 is not medically necessary.