

Case Number:	CM14-0121337		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2013
Decision Date:	10/14/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 41-year-old female was reportedly injured on 08/06/2013. The mechanism of injury was noted as a right knee injury while kneeling down. The most recent progress note, dated 08/15/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated right knee temperature was slightly warmer compared to the contralateral side. There was improved range of motion, mild edema, no hypersensitivity to light touch and mild tenderness to palpation. No recent diagnostic studies were available for review. Previous treatment included lumbar sympathetic blocks, right knee steroid injection, medications, #36 physical therapy sessions, and conservative treatment. A request had been made for lumbar sympathetic blocks under fluoroscopy at bilateral L2 and L3 and physical therapy 2-3 times a week for 4-6 weeks, and was not certified in the pre-authorization process on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2 & L3 Lumbar Sympathetic Blocks under Fluoroscopic Guidance Weekly X 3:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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-Lumbar and Thoracic (Acute and Chronic) Lumbar Facet Injections. Updated 8/22/2014.

Decision rationale: It is useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to complex regional pain syndrome-I and II. This block is also commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, the use is three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. It should be followed by intensive physical therapy. After review of the medical records provided, the most recent office note stated the patient still had persistent 60% pain relief of the right knee. Based on the statement, it is unidentifiable if the patient has had 60% relief of pain in the right knee or still has persistent knee pain rated at 60% of baseline. Also noted, there was no documentation concerning the duration of improvement from previous injections. Therefore lacking pertinent documentation, this request is deemed not medically necessary.

Additional Physical Therapy 2-3x/Week for 4-6 Weeks: Upheld

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

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

Decision rationale: The MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has chronic complaints of right knee pain and review of the available medical records fails to demonstrate an improvement in pain or function. The claimant underwent 3-6 previous sessions of functional restoration therapy and in the absence of clinical documentation to support excessive/additional visits; this request is not considered medically necessary.