

Case Number:	CM14-0131741		
Date Assigned:	09/08/2014	Date of Injury:	12/05/2011
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52-year-old male with a date of injury of 12/05/2011. The listed diagnoses per [REDACTED] are: 1. Lumbar facet arthropathy at bilateral L4-L5 and L5-S1. 2. Myofascial pain. 3. Lumbago. 4. Lumbar degenerative disk disease. According to progress report 06/24/2014, the patient presents with continued low back pain. The patient currently complains of aching, stabbing, and pins and needles pain in the low back without radiation to the lower extremities. He does have burning, numbing, and tingling down bilateral posterior legs to his feet, right worse than left. Examination of the lower back revealed normal range of motion with paravertebral muscle tenderness, TTP over L3-L4, L4-L5, and L5-S1. There is isolated circumscribed trigger points throughout the right side of the lumbar spine. Lumbar facet loading is positive bilaterally at L4-L5 and L5-S1. Straight leg raise is negative. The treater is requesting a medial branch block at bilateral L4-L5 and L5-S1, and aquatic therapy 2 times a week for 4 weeks for the lower back. Utilization review denied the request on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at the bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low Back -Lumbar & Thoracic (Acute & Chronic), Facet joint Medial Branch Blocks (Therapeutic Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Lumbar Facet joint signs & symptoms: Recommend diagnostic criteria below. Diagnostic blocks are required as there are no findings on history, physical or imaging studies that consistently aid in making this diagnosis. Controlled comparative blocks have been suggested due to the high false-positive rates (17% to 47% in the lumbar spine), but the use of this technique has not been shown to be cost-effecti

Decision rationale: This patient presents with continued low back pain. The treater is requesting a medial branch block at the bilateral L4-L5 and L5-S1. Utilization review denied the request stating there is no documentation of failed conservative treatment and lack of evidence of facet-mediated pain versus radicular pain." ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, the treater notes that patient's has low back pain "without radiation," but the patient describes radicular symptoms down bilateral posterior legs to his feet. Facet block injections are not indicated for patients with radicular symptoms. The request is not medically necessary.

8 aquatic therapy sessions for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: This patient presents with continued low back pain. The treater is requesting aquatic therapy for the lower back 2 times a week for 4 weeks. Progress report 06/24/2014 documents past treatments include aquatic therapy 6 sessions and physical therapy 10 sessions, both with relief. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treater does not discuss weightbearing restrictions for this patient. Furthermore, the patient has already participated in 6 aquatic therapy sessions and 10 land-based physical therapy sessions. The requested additional 8 physical therapy sessions exceeds what is recommended by MTUS. The request is not medically necessary.