

Case Number:	CM14-0095323		
Date Assigned:	07/25/2014	Date of Injury:	05/03/2007
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 Illinois. 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 injured worker is a 45-year-old female who reported an injury on 05/03/2007. The mechanism of injury was not provided. On 04/07/2014, the injured worker presented with right lower back pain, right lower extremity symptoms, and stabbing low back pain with radiation of pain into the right leg down to the foot. On examination of the lumbar sprain, there was tenderness to palpation over the right lumbar musculature, positive facet loading at L3-4, L4-5, and L5-S1 on the right, and decreased range of motion in all planes. There was muscle spasm with active trigger points with a twitch response elicited to the buttock and thoracic region. Deep tendon reflexes were swift and symmetric with 5/5 strength and intact sensation. There was a negative straight leg raise bilaterally. The MRI of the lumbar spine performed on 07/26/2013 revealed dextroscoliosis with degenerative disc disease and facet arthropathy at L4-5, mild caudal left neural foraminal narrowing. The diagnoses were facet arthropathy of the right lumbar spine L3-4, L4-5, and L5-S1, lumbago, myofascial pain syndrome, and chronic pain syndrome. The provider recommended a medial branch block to the right L3-4, L4-5, and L5-S1, for lumbar facetogenic pain, would proceed with a rhizotomy if the diagnostic block was successful. The provider also recommended physical therapy to the lumbar spine 2 times a week for 4 weeks. The Request for Authorization form was dated 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter: Facet Joint Diagnostic Blocks (Injection) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for Right medial branch block at L3-L4 is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in injured workers presenting into the transitional phase between acute and chronic pain. The Official Disability Guidelines further state the criteria for use of a diagnostic block is limited to injured worker with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure to respond to conservative treatments including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. In the documentation noted tenderness to palpation over the right lumbar musculature; however, it was nonspecific over the L3-4, L4-5, and L5-S1 region. There was intact sensation, 5/5 strength bilaterally, and a negative straight leg raise. The deep tendon reflexes were swift and symmetric, decreased range of motion in all planes, and muscle spasms with active trigger points with twitch response elicited to the buttock and thoracic region. The provided request for a medial branch block from the L3-4, L4-5, L5-S1 exceeds the guideline recommendations of no more than 2 facet joint levels should be injected in 1 session. There was lack of neurological deficits upon physical examination to warrant a medial branch blocks. As such, medical necessity has not been established.

Right medial branch block at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter: Facet Joint diagnostic Blocks (Injection) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for Right medial branch block at L4-L5 is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in injured workers presenting into the transitional phase between acute and chronic pain. The Official Disability Guidelines further state the criteria for use of a diagnostic block is limited to injured worker with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure to respond to conservative treatments including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. In the documentation noted tenderness to palpation over the right lumbar musculature; however, it was nonspecific over the L3-4, L4-5, and L5-S1 region. There was intact sensation, 5/5 strength bilaterally, and a negative straight leg raise. The deep tendon reflexes were swift and symmetric, decreased range of motion in all planes, and muscle spasms with active trigger points with twitch

response elicited to the buttock and thoracic region. The provided request for a medial branch block from the L3-4, L4-5, L5-S1 exceeds the guideline recommendations of no more than 2 facet joint levels should be injected in 1 session. There was lack of neurological deficits upon physical examination to warrant a medial branch blocks. As such, medical necessity has not been established.

Right medial branch block at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter: Facet Joint diagnostic Blocks (Injection) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for Right medial branch block at L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in injured workers presenting into the transitional phase between acute and chronic pain. The Official Disability Guidelines further state the criteria for use of a diagnostic block is limited to injured worker with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure to respond to conservative treatments including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. In the documentation noted tenderness to palpation over the right lumbar musculature; however, it was nonspecific over the L3-4, L4-5, and L5-S1 region. There was intact sensation, 5/5 strength bilaterally, and a negative straight leg raise. The deep tendon reflexes were swift and symmetric, decreased range of motion in all planes, and muscle spasms with active trigger points with twitch response elicited to the buttock and thoracic region. The provided request for a medial branch block from the L3-4, L4-5, L5-S1 exceeds the guideline recommendations of no more than 2 facet joint levels should be injected in 1 session. There was lack of neurological deficits upon physical examination to warrant a medial branch blocks. As such, medical necessity has not been established.

Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter: Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for Physical Therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior course of therapy. The guidelines recommend up to 10 visits of physical therapy visits, the provider noted the injured worker participated in at least 24 sessions of physical therapy with minimal improvements. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process and there is no significant periods from transitioning the injured worker to an independent home exercise program. Therefore, the request is not medically necessary.