

Case Number:	CM14-0211638		
Date Assigned:	12/24/2014	Date of Injury:	05/02/2014
Decision Date:	02/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 date of injury 5/2/14. The mechanism of injury is not stated in the available medical records. The patient has complained of low back and left hip pain since the date of injury. He has been treated with physical therapy, steroid injection and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinal musculature, positive facet load test on the left, left gluteal tenderness to palpation, decreased and painful range of motion of the left hip. Diagnoses: lumbar facet disease, lumbar spine degenerative disc disease. Treatment plan and request: 12 Physical therapy visits, Medial branch block left L3, L4, L5, S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, 300.

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

Decision rationale: This 52 year old male has complained of low back and left hip pain since date of injury 5/2/14. He has been treated with physical therapy, steroid injection and medications. The current request is for PT 12 sessions. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis. It is unclear from the available medical records the number of PT sessions to date. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. Furthermore, per the last physical therapy note dated 08/2013, the patient has not made functional or symptomatic progress. On the basis of the available medical records and per the MTUS guidelines cited above, PT 12 sessions are not indicated as medically necessary.

Medical Branch Block @ left L3,L4,L5,S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic

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

Decision rationale: This 52 year old male has complained of low back and left hip pain since date of injury 5/2/14. He has been treated with physical therapy, steroid injection and medications. The current request is for medial branch block of left L3, L4, L5, and S1. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, medial branch block of left L3, L4, L5, and S1 is not indicated as medically necessary.