

Case Number:	CM15-0006762		
Date Assigned:	01/26/2015	Date of Injury:	04/26/2012
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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
 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 50 year old male who sustained an industrial related injury on 4/26/12. The injured worker had complaints of neck, low back, and right knee pain. Treatment included 6 massage therapy treatments, exercise, and lumbar radiofrequency ablation on 7/12/13. Prescriptions included Ibuprofen and Cyclobenzaprine. Diagnoses included lumbar facet syndrome, lumbago, and thoracic or lumbosacral neuritis or radiculitis. The treating physician requested authorization for physical therapy with deep tissue massage 1x6 and lumbar radiofrequency ablation. On 12/19/14 the requests were non-certified. Regarding physical therapy the utilization review (UR) cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the injured worker had an unknown number of prior physical therapy sessions with an unknown response. Therefore the request was non-certified. Regarding radiofrequency ablation, the UR physician cited the MTUS guidelines and noted there was no mention of the benefit from the last radiofrequency ablation procedure. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT with deep tissue massage 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The orthopedic progress report dated December 15, 2014 documented that the patient is still doing lumbar physical therapy. He has four additional sessions before he completes this. The request was for physical therapy PT with deep tissue massage times six. The 12/15/14 orthopedic report indicated that the patient is currently receiving PT physical therapy, and has four additional sessions remaining in the current course of physical therapy. Functional improvement documented at the end of the current course of physical therapy would support consideration for additional physical therapy treatments. Because the patient had not completed the current course of physical therapy, the request for 6 additional PT physical therapy treatments is not supported by MTUS or ODG guidelines. Therefore, the request for physical therapy PT with deep tissue massage times six is not medically necessary.

Lumbar RFA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) ACOEM 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Table 2: Summary of Recommendations by Low Back Disorder <http://www.guideline.gov/content.aspx?id=38438>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections

for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The orthopedic progress report dated December 15, 2014 documented objective findings. The patient continues to have good strength and sensation in his bilateral upper and lower extremities. He is not currently having any tingling going down his right or left upper extremity at this time. Radiofrequency ablation in the patient's lumbar spine was requested. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended. Minimal evidence for treatment was noted. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for lumbar radiofrequency ablation is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for lumbar RFA radiofrequency ablation is not medically necessary.