MAXIMUS Federal Services

Case Number:	CM15-0111024		
Date Assigned:	06/17/2015	Date of Injury:	02/04/2014
Decision Date:	07/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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: Physical Medicine & Rehabilitation

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 47-year-old female who sustained an industrial injury on February 4, 2014. She has complained of lower back pain and has been diagnosed with lumbar facet arthropathy and stenosis at L4-5 and L5-S1 with aggravation. Treatment has included medical imaging, injections, and physical therapy. Physical examination noted tenderness at the L4-5 and L5-S1 segment. She had increasing pain referred into the buttocks associated with facet mediated pain that was aggravated by extension and somewhat relieved with forward flexion although she comes from a bending forward position at 90 degrees to an upright position she has increasing pain that again heightens her lower back symptoms. The treatment request included bilateral L4- 5, L5-S1 medial branch blocks, physical therapy to the low back, and a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 medial branch blocks: 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 facet joint diagnostics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: Based on the 05/06/15 progress report provided by treating physician, the patient presents with low back pain that refers to bilateral lower buttock areas and hip joints. The request is for Bilateral L4-L5, L5-S1 Medial Branch Blocks. RFA with the request was not provided. Patient's diagnosis on 05/06/15 included lumbar facet arthropathy and stenosis at L4-5 and L5-S1 with aggravation. Physical examination to the lumbar spine on 05/06/15 revealed tenderness at the L4-5 and L5-S1 segments. The patient has increasing pain referred into the buttocks associated with facet mediated pain that is aggravated by extension and somewhat relieved by forward flexion. Range of motion mildly restricted. No focal motor, sensory of dermatomal deficits noted to lower extremities. MRI of the lumbar spine per 05/06/15 report demonstrates "mild disk desiccation at the L4-5 level, moderately severe facet arthropathy at the L4-5 level and L5-S1 level. At the L4-5 level, the facets enlarged with ligamentum hypertrophy creating a moderate degree of stenosis both in the lateral recess as well as the foraminal zones. At L5-S1, there is some mild to moderate lateral recess narrowing. " Treatment to date has included imaging studies, injections, and physical therapy. The patient is temporarily totally disabled, per 05/06/15 report. Treatment reports were provided from 10/24/14 - 05/06/15. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. " "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). "Per 05/06/15 report, the patient "has tried a lumbar epidural steroid injection, which did not relieve her principal back pain and secondary leg pain." There is no indication that this patient has had a MBB for the lower spine. The patient continues with back pain despite conservative measures including physical therapy, medications and lumbar ESI at unspecified date. However, ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness and non-radicular symptoms. ODG states "there should be no evidence of radicular pain, spinal stenosis." In this case, the patient has leg symptoms and a diagnosis of "stenosis at L4-5 and L5-S1" supported by MRI study. This request is not in accordance with guideline indications for the procedure. Therefore, the request is not medically necessary.

Physical therapy 12 visits, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 05/06/15 progress report provided by treating physician, the patient presents with low back pain that refers to bilateral lower buttock areas and hip joints. The request is for Physical Therapy 12 Visits, 2 Times A Week For 6 Weeks. RFA with the request was not provided. Patient's diagnosis on 05/06/15 included lumbar facet arthropathy and stenosis at L4-5 and L5-S1 with aggravation. Physical examination to the lumbar spine on 05/06/15 revealed tenderness at the L4-5 and L5-S1 segments. The patient has increasing pain referred into the buttocks associated with facet mediated pain that is aggravated by extension

and somewhat relieved by forward flexion. Range of motion mildly restricted. No focal motor, sensory of dermatomal deficits noted to lower extremities. MRI of the lumbar spine per 05/06/15 report demonstrates "mild disk desiccation at the L4-5 level moderately severe facet arthropathy at the L4-5 level and L5-S1 level. At the L4-5 level, the facets enlarged with ligamentum hypertrophy creating a moderate degree of stenosis both in the lateral recess as well as the foraminal zones. At L5-S1, there is some mild to moderate lateral recess narrowing. " Treatment to date has included imaging studies, injections, and physical therapy. The patient is temporarily totally disabled, per 05/06/15 report. Treatment reports were provided from 10/24/14 - 05/06/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 05/06/15 report, treater states the patient "has been through some initial physical therapy but no a very hard-core work hardening and core stabilization. " Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

Work hardening program (unspecified frequency and duration) lumbar spine: 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, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

Decision rationale: Based on the 05/06/15 progress report provided by treating physician, the patient presents with low back pain that refers to bilateral lower buttock areas and hip joints. The request is for Work Hardening Program (Unspecified Frequency And Duration) Lumbar Spine. RFA with the request was not provided. Patient's diagnosis on 05/06/15 included lumbar facet arthropathy and stenosis at L4-5 and L5-S1 with aggravation. Physical examination to the lumbar spine on 05/06/15 revealed tenderness at the L4-5 and L5-S1 segments. The patient has increasing pain referred into the buttocks associated with facet mediated pain that is aggravated by extension and somewhat relieved by forward flexion. Range of motion mildly restricted. No focal motor, sensory of dermatomal deficits noted to lower extremities. MRI of the lumbar spine per 05/06/15 report demonstrates "mild disk desiccation at the L4-5 level moderately severe facet arthropathy at the L4-5 level and L5-S1 level. At the L4-5 level, the facets enlarged with ligamentum hypertrophy creating a moderate degree of stenosis both in the lateral recess as well as the foraminal zones. At L5-S1, there is some mild to moderate lateral recess narrowing. " Treatment to date has included imaging studies, injections, and physical therapy. The patient is temporarily totally disabled, per 05/06/15 report. Treatment reports were provided from 10/24/14 - 05/06/15. The MTUS Guidelines page 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job

to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. MTUS also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. Per 05/06/15 report, treater states the patient "has been out of work since her employer would not accommodate a 10 pound weight restriction. She has been through some initial physical therapy but not a very hard-core work hardening and core stabilization. " In this case, treater does not state if the current request for work conditioning is related to this job or to a new one. In addition, treater has not discussed the results of the screening process, required prior to consideration for work conditioning. Furthermore, frequency and duration of the program were not specified. This request does not meet guideline criteria. Therefore, the request is not medically necessary.