

Case Number:	CM15-0123990		
Date Assigned:	07/08/2015	Date of Injury:	08/04/2011
Decision Date:	09/23/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/27/2015

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 53 year old female, who sustained an industrial injury on 8/4/11. The diagnoses have included lumbago, neuralgia, neuritis and radiculitis, internal derangement of the left knee and morbid obesity. Treatment to date has included medications, activity modifications, diagnostics, heat, ice, surgery, epidural steroid injection (ESI), chiropractic, physical therapy, aqua therapy and other modalities. Currently, as per the physician progress note dated 4/4/15, the injured worker complains of recurrent back pain and bilateral lower extremity pain. She reports difficulty with walking due to radicular symptoms and requires the use of a cane. The objective findings reveal that there is moderate pain in the thoracic lumbar junction, sacroiliac joints and left lower extremity (LLE). There is moderate pain in the left knee with decreased range of motion. The lumbar spine reveals positive Kemp's test and decreased range of motion. She ambulates with a cane slow and guarded. She reports depressed mood due to pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Soma, Norco, Flexeril, and Hydrochlorot. There is no previous urine drug screen noted. There is previous physical therapy notes included. The physician requested treatments included Physical therapy (PT) to lumbar one (1) time a week for eight (8) weeks, Aqua therapy two (2) times a week for eight (8) weeks, Facet blocks bilateral L3/4 and L4/5, Referral for consultation with neurologist, and Vicodin 10/325mg number two hundred and seventy (270).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) to lumbar one (1) time a week for eight (8) 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: This patient presents with recurrent back pain and bilateral lower extremity pain. The current request is for Physical therapy (PT) to lumbar one (1) time a week for eight (8) weeks. Treatment to date has included medications, activity modifications, diagnostics, heat, ice, surgery, epidural steroid injection (ESI), chiropractic, physical therapy, aqua therapy and other modalities. The patient may return to modified work. The 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." According to progress report 04/04/15, the patient complains of recurrent back pain and bilateral lower extremity pain. She reports difficulty with walking due to radicular symptoms and requires the use of a cane. The objective findings reveal moderate pain in the thoracic lumbar junction, sacroiliac joints and left lower extremity (LLE). There is moderate pain in the left knee with decreased range of motion. The lumbar spine revealed positive Kemp's test and decreased range of motion. The treater recommends physical therapy. Per Physical therapy report dated 02/23/15, the patient "has received 12 treatments from 12/30/14 through 02/12/15 for the treatment of lumbago/neuralgia. Her treatments consisted of an aquatic and land based program." With the 12 sessions the patient increased ROM and strength in the lumbar spine and was instructed in a home exercise program. In this case, there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. The request for additional 8 sessions with the 12 already received exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able participate in a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.

Aqua therapy two (2) times a week for eight (8) 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 Aquatic therapy Physical Medicine Page(s): 22, 88, 89.

Decision rationale: This patient presents with recurrent back pain and bilateral lower extremity pain. The current request is for Aqua therapy two (2) times a week for eight (8) weeks. Treatment to date has included medications, activity modifications, diagnostics, heat, ice,

surgery, epidural steroid injection (ESI), chiropractic, physical therapy, aqua therapy and other modalities. The patient may return to modified work. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatic therapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical Medicine "Physical Medicine Guidelines" allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks," According to progress report 04/04/15, the patient complains of recurrent back pain and bilateral lower extremity pain. She reports difficulty with walking due to radicular symptoms and requires the use of a cane. The objective findings reveal that there is moderate pain in the thoracic lumbar junction, sacroiliac joints and left lower extremity (LLE). There is moderate pain in the left knee with decreased range of motion. The lumbar spine revealed positive Kemp's test and decreased range of motion. The treater recommends physical therapy. Per Physical therapy report dated 02/23/15, the patient "has received 12 treatments from 12/30/14 through 02/12/15 for the treatment of lumbago/neuralgia. Her treatments consisted of an aquatic and land based program." With the 12 sessions the patient increased ROM and strength in the lumbar spine and she was instructed in a home exercise program. In this case, the patient is morbidly obese and has struggled with her weight. Although MTUS allow for aquatic therapy for patients with weight bearing restrictions like obesity, this patient has participated in a 12 PT/aqua therapy sessions and the requested additional 16 sessions exceeds what is recommended by MTUS. The requested additional aqua therapy IS NOT medically necessary.

Facet blocks bilateral L3/4 and L4/5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: This patient presents with recurrent back pain and bilateral lower extremity pain. The current request is for Facet blocks bilateral L3/4 and L4/5. Treatment to date has included medications, activity modifications, diagnostics, heat, ice, surgery, epidural steroid injection (ESI), chiropractic, physical therapy, aqua therapy and other modalities. The patient may return to modified work. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: "Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment, a procedure that is still

considered "under study." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet mediated pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. According to progress report 04/04/15, the patient complains of recurrent back pain and bilateral lower extremity pain. She reports difficulty with walking due to radicular symptoms and requires the use of a cane. The objective findings reveal that there is moderate pain in the thoracic lumbar junction, sacroiliac joints and left lower extremity (LLE). There is moderate pain in the left knee with decreased range of motion. The lumbar spine revealed positive Kemp's test and decreased range of motion. There is no evidence in the records provided that this patient has undergone lumbar facet injections to date. In this case, the patient complains of low back pain and bilateral lower extremity pain and reports difficulty waking due to the radicular symptoms. ODG guidelines limit facet blocks for patients with non-radicular low-back pain. The requested lumbar facet injection IS NOT medically necessary.

Referral for consultation with neurologist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM American College of Occupational and Environmental Medicine, 2nd Edition, 2004, Chapter 7, page 127.

Decision rationale: This patient presents with recurrent back pain and bilateral lower extremity pain. The current request is for Referral for consultation with neurologist. Treatment to date has included medications, activity modifications, diagnostics, heat, ice, surgery, epidural steroid injection (ESI), chiropractic, physical therapy, aqua therapy and other modalities. The patient may return to modified work. American College of Occupational and Environmental Medicine-ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to progress report 04/04/15, the patient complains of recurrent back pain and bilateral lower extremity pain. Under treatment plan the treater request referral for neurology. There is no rationale for this request. A neurological consultation for additional expertise on the patient's radicular symptoms and ongoing headaches

may be reasonable and ACOEM guidelines indicate that such consultations are supported by guidelines at the provider's discretion. Therefore, the request IS medically necessary.

Vicodin 10/325mg number two hundred and seventy (270): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with recurrent back pain and bilateral lower extremity pain. The current request is for Vicodin 10/325mg number two hundred and seventy (270). Treatment to date has included medications, activity modifications, diagnostics, heat, ice, surgery, epidural steroid injection (ESI), chiropractic, physical therapy, aqua therapy and other modalities. The patient may return to modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 04/04/15, the patient complains of recurrent back pain and bilateral lower extremity pain. The treater has requested a refill of Vicodin. The patient has been prescribed Vicodin since at least 10/03/14. The patient reports severity of pain is 9/10 and duration of episodes last 3.5 hours. On 04/14/15, the patient states her pain is "12/10 at the end of the day until she takes RX." Relieving factors include heating pad, ice and medications. There is some discussion that medications help relieve pain; however, the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement to fully satisfy the required four A's. In addition, there is no discussion of possible aberrant behaviors or adverse side effects. The request IS NOT medically necessary and recommendation is for slow weaning.