

Case Number:	CM15-0178760		
Date Assigned:	09/29/2015	Date of Injury:	12/13/2000
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 12-13-2000. The injured worker was being treated for injuries to her low back, bilateral feet, neck, headaches, and gastrointestinal system. Treatment to date has included diagnostics, lumbar spinal surgery in 2004 (2 level fusion S1 to L4) and 2007 (repair of fusion), acupuncture, physical therapy (12 visits completed to 8-11-2015 per physical therapy notes), chiropractic, home exercise program, and medications. Currently (8-25-2015), the injured worker complains of low back pain, numbness to her right lower extremity, neck pain, and gastrointestinal pain. Pain was rated 5 out of 10 at best with medications, 9 at maximum, and 6-7 on average. Medications included Ibuprofen, Cymbalta, Baclofen, Lidoderm patch, Melatonin, Aspirin, Senokot, Zocor, Calcium, Vitamin D, Fosamax, Albuterol inhalers, and Norco. Previous medications included Nortriptyline, Flector, Celebrex, Lyrica, and Robaxin. It was documented that she did not return to work and was able to walk, stand, do stairs, sit, lift, drive, do chores, and socialize with medications. She did "noting" without medications. The treating physician documented that she completed 6 visits of physical therapy for the low back, and review of notes showed "very positive changes in the pliability and sensitivity of the lower thoracic and lumbar tissues". Physical exam showed that she was keeping the weight off her back, using her arms for support, and shifting constantly. Reflexes were 1+ of the patellar and Achilles and there was "a little bit of numbness without pain in toes to three and four on the right that is a more consistent process". The treating physician documented that review of the magnetic resonance imaging showed "primarily facet changes and postoperative changes". Per the Request for Authorization dated 8-25-2015, the treatment plan included additional 4 physical therapy sessions, bilateral

L1-S1 facet injections with guidance of local needle, with epidurography and conscience sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury in December 2000 and is being treated injuries occurring while cleaning her work area, moving furniture and lifting boxes. She has a history of a lumbar fusion from L4 to S1. Recent treatments include completion of 12 physical therapy sessions as of 08/11/15 where she was having less pain. When seen, she was unweighting her spine through her upper extremities. She was shifting constantly. There was a slow gait. She was avoiding flexion of the spine. Medications were decreasing pain from 9/10 to 5/10. Additional physical therapy and multilevel facet injections with epidurography and conscious sedation were requested. The claimant is being treated for chronic pain with no new injury and has already recently had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

Bilateral L1-S1 facet injection with guidance of local needle: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Facet joint diagnostic blocks; ODG, Low Back (Acute & Chronic) Chapter, Facet Joint pain, signs & symptoms.

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-Lumbar & Thoracic (Acute & Chronic), Lumbar Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury in December 2000 and is being treated injuries occurring while cleaning her work area, moving furniture and lifting boxes. She has a history of a lumbar fusion from L4 to S1. Recent treatments include completion of 12 physical therapy sessions as of 08/11/15 where she was having less pain. When seen, she was

unweighting her spine through her upper extremities. She was shifting constantly. There was a slow gait. She was avoiding flexion of the spine. Medications were decreasing pain from 9/10 to 5/10. Additional physical therapy and multilevel facet injections with epidurography and conscious sedation were requested. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. No more than two facet joint levels are to be injected in one session. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, blocks are being planned at two of the fused levels and more than two levels are being requested. There are no physical examination findings that support a diagnosis of facet-mediated pain such as facet tenderness or pain with facet loading. For any of these reasons, the requested medial branch block procedure is not medically necessary.

Epidurography and Conscience (sedation) (5 levels): Upheld

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 Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Lumbar Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury in December 2000 and is being treated injuries occurring while cleaning her work area, moving furniture and lifting boxes. She has a history of a lumbar fusion from L4 to S1. Recent treatments include completion of 12 physical therapy sessions as of 08/11/15 where she was having less pain. When seen, she was unweighting her spine through her upper extremities. She was shifting constantly. There was a slow gait. She was avoiding flexion of the spine. Medications were decreasing pain from 9/10 to 5/10. Additional physical therapy and multilevel facet injections with epidurography and conscious sedation were requested. In terms of sedation, the use of intravenous sedation including agents such as Versed (midazolam) may be considered as negating the results of a diagnostic medial branch block procedure. In this case, there is no documentation of a medically necessary reason for monitored anesthesia during the procedure being requested. There is no history of movement disorder or poorly controlled spasticity such as might either occur due to a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to prior injections. There is no indication for the use of sedation. Additionally, in this case, the medial branch blocks are not medically necessary. Sedation is being requested which is not medically necessary. Epidurography is not a part of this procedure and fluoroscopic guidance is already included in the coding for facet injections. For any of these reasons, the request is not medically necessary.