MAXIMUS Federal Services

Case Number:	CM15-0179517		
Date Assigned:	09/21/2015	Date of Injury:	02/17/2014
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old male, who sustained an industrial injury on February 17, 2014. Medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement with myelopathy, thoracic disc displacement without myelopathy, right sacroiliac dysfunction, right knee medial meniscus tear, bursitis of the right knee and left ankle sprain-strain. The injured worker was released to work with restrictions on 7-2-2015. However, the injured workers current work status was not identified. Current documentation dated July 2, 2015 notes that the injured worker reported moderate to severe sharp right knee pain that was increased with kneeling and constant moderate to severe lumbar spine pain that was increased with bending. The injured worker also noted left ankle and foot pain, thoracic spine pain and right wrist and hand pain. Examination of the lumbar spine revealed tenderness and spasm over the bilateral paraspinal muscles from lumbar-two to sacral-one. A Kemp's test and Yeoman's test were positive bilaterally. A Hibb's test was positive on the right. Examination of the right knee revealed tenderness and spasm over the right anterior joint line, right quadriceps muscle and popliteal fossa. An anterior-posterior drawer test, McMurray's test and grinding test were positive. Documentation dated June 10, 2015 notes that he injured worker had received right diagnostic lumbosacral facet blocks which improved the pain a little bit, but the injured worker was still having right-sided low back pain. Treatment and evaluation to date has included medications, MRI of the lumbar spine (7-24-2014), MRI of the right knee (9-11-2014), acupuncture treatments, diagnostic facet blocks and right sacroiliac blocks (5-20-2015). A current medication list was not found in the medical records. Current requested treatments

include requests for a follow-up visit with range of motion measurements and addressing activities of daily living, physical medicine three times a week for two weeks (electrical muscle stimulation for the right knee, infrared for the right knee and therapeutic activities for the right knee) and lumbar medial branch blocks to lumbar four-five and lumbar five-sacral one. The Utilization Review documentation dated August 13, 2015 non-certified the requests for a follow-up visit with range of motion measurements and addressing activities of daily living and the lumbar medial branch blocks to lumbar four-five and lumbar five-sacral one. Utilization Review modified the request for physical medicine to three times a week for two weeks for the right knee only (original request was for physical medicine three times a week for two weeks (electrical muscle stimulation for the right knee, infrared for the right knee and therapeutic activities for the right knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion measurements and addressing ADLs: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS discusses follow up visits as a cornerstone of disability prevention and management. According to the MTUS, clinicians can provide extra support to make sure anxious or reluctant patients return to full function as soon as possible in order to avoid inadvertently rewarding avoidance behavior or phobic-like reactions. Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. Given the chronicity of this patient's condition and clear need for reassessment and evaluation to ensure continued appropriate management, the request for follow up office visit is considered medically necessary and appropriate, although the utilization review modification is reasonable as manual measurement of range of motion is adequate. Therefore the modification is appropriate and the initial request is not considered medically necessary.

Physical medicine 3 times a week for 2 weeks, electrical muscle stimulation for the right knee, infrared for the right knee, therapeutic activities for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic knee or shoulder pain. At this point the patient are gaining in chronicity per the initial date of injury and with no objective evidence to indicate an acute re-injury or exacerbation, making the knee pain

chronic in nature. Without strong evidence for physical therapy being beneficial in chronic cases of knee and shoulder pain and with no formal objective plan to measure and evaluate functional improvement, medical necessity of further physical therapy must be justified with evidence of functional improvement and heavy emphasis on education, independence, and the importance of on-going exercise. Overall, the utilization reviewer's decision to modify the request, eliminating specific modalities with less evidence to support their incorporation in care is reasonable, and therefore the initial request is not considered medically appropriate.

Lumbar medial branch block L4-5, 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, Facet Joint Branch Blocks.

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, facet blocks.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents indicate that prior injections have not provided substantial relief (50%, which does not meet the 70% or greater criteria of the guidelines), making it unlikely that further facet joint blocks will result in clinical improvement in this case. Therefore, the request cannot be considered medically necessary at this time based on the provided records.