

Case Number:	CM15-0074962		
Date Assigned:	04/24/2015	Date of Injury:	10/23/2014
Decision Date:	07/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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 20 year old male who sustained an industrial injury on 10/23/14 involving a slip and fall resulting in injury to his lower back. He was prescribed six physical therapy sessions. He currently has pain in the mid-back to upper back at the right paramedian. His back pain radiates into his right lower extremity and is associated with weakness in bilateral legs and left foot. He reports decreased frequency of sex due to back pain. His pain level is 4/10. His activities of daily living are limited in regards to socializing, physically exercising and self-care because of his pain. Medications are Aspirin and ibuprofen. Diagnoses include lumbar facet syndrome; low back pain; sprains and strains of the lumbar region. Treatments to date include medications, heat and ice; physical therapy providing moderate relief of pain. In the progress note dated 3/13/15 the treating provider's plan of care included requests for diagnostic differential lumbar medial branch nerve block at the right L4-5; MRI of the lumbar spine; x-rays of the lumbar spine to rule out instability of the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic low back pain. The current request is for Tramadol 50mg #90. The RFA is not provided in the medial file. Treatments to date include medications, heat and ice; physical therapy providing moderate relief of pain. The patient is working modified duty. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." According to progress report 03/13/15, the patient complains of back pain that radiates into his right lower extremity and is associated with weakness in bilateral legs and left foot. His worst pain is 8/10 and best pain is 1/10. Current medications include Aspirin and ibuprofen. The treater prescribed Tramadol "as a short acting pain medication for this patient's pain, in hopes of pain relief and improved function." The patient is currently working modified duty. With the use of Aspirin and ibuprofen, the patient reported pain levels as high as 8/10. His activities of daily living are limited in regards to socializing, physically exercising and self-care because of his pain. In this case, the treater has provided functional and baseline pain assessment and initiating Tramadol to see if further relief can be obtained is reasonable. This request IS medically necessary.

X-rays lumbar spine with lateral flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter Clinical radiology, Volume 57, Issue 7, Pages 632-639.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter under Radiography.

Decision rationale: This patient presents with chronic low back pain. The current request is for X-rays lumbar spine with lateral flexion and extension views. The RFA is not provided in the medial file. Treatments to date include medications, heat and ice; physical therapy providing moderate relief of pain. The patient is working modified duty. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in

patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." According to progress report 03/13/15, the patient complains of back pain that radiates into his right lower extremity and is associated with weakness in bilateral legs and left foot. Examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles; decrease ROM, pain with right facet loading test, positive SLR, and positive FABER test. There is also diminished sensation over the left L4-L5 dermatomes. The treater would like a MRI and X-ray of the lumbar spine "to rule out instability of the spine." There is no documentation of prior x-rays of the l-spine. Neurological deficit has been documented and there is no documentation of prior x-rays of the l-spine; however, there are no specific concerns for fracture, trauma, suspicion of cancer, and infection. Furthermore, there are no specific concerns raised to warrant both x-ray. Therefore, the request IS NOT medically necessary.

MRI 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), Minnesota rules, 5221.6100 Parameters for medical imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter MRI.

Decision rationale: This patient presents with chronic low back pain. The current request is for MRI lumbar spine. The RFA is not provided in the medial file. Treatments to date include medications, heat and ice; physical therapy providing moderate relief of pain. The patient is working modified duty. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. According to progress report 03/13/15, the patient complains of back pain that radiates into his right lower extremity and is associated with weakness in bilateral legs and left foot. Examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles; decrease ROM, pain with right facet loading test, positive SLR, and positive FABER test. There is also diminished

sensation over the left L4-L5 dermatomes. The treater would like an MRI and X-ray of the lumbar spine "to rule out instability of the spine." The patient's complaints have not resolved despite conservation measures including PT, ice packs, medications, and neurological deficit has been documented. However, as documented in report 03/13/15 "MRI findings consistent of facet arthropathy." The MRI report was not provided in the medical file. The requesting provider has not included documentation of severe progressive neurological deficit to warrant repeat imaging. Progressive neurological deficit or examination of "red-flags" indicative of nerve compromise to substantiate repeat imaging has not been provided; therefore, the request IS NOT medically necessary.

Diagnostic differential lumbar medial branch nerve block at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter regarding Facet joint diagnostic blocks.

Decision rationale: This patient presents with chronic low back pain. The current request is for Diagnostic differential lumbar medial branch nerve block at L4-L5. The RFA is not provided in the medial file. Treatments to date include medications, heat and ice; physical therapy providing moderate relief of pain. The patient is working modified duty. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. According to progress report 03/13/15, the patient complains of back pain that radiates into his right lower extremity and is associated with weakness in bilateral legs and left foot. Examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles; decrease ROM, pain with right facet loading test, positive SLR, and positive FABER test. There is also diminished sensation over the left L4-L5 dermatomes. The treater recommended a medial branch block "given the clinical exam and MRI findings consistent with facet arthropathy." ODG guidelines limit facet blocks for patients with non-radicular low-back pain and this patient presents with radiating pain into the lower extremities with positive SLR. This request IS NOT medically necessary.

Eight Physical therapy lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for Eight Physical therapy lumbar spine. The RFA is not provided in the medial file. Treatments to date include medications, heat and ice; physical therapy providing moderate relief of pain. The patient is working modified duty. 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 03/13/15, the patient complains of back pain that radiates into his right lower extremity and is associated with weakness in bilateral legs and left foot. The treater recommended a course of PT for lumbar stabilization, core strengthening, and conditioning. The patient has completed a course of 6 physical therapy sessions since his injury of 10/23/14. There are no physical therapy reports provided for review and the objective response to therapy was not documented in the medical reports. In this case, there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request for additional therapy. Furthermore, the request for 8 additional sessions combined with the 6 already received, exceeds what is recommended by MTUS. The requested physical therapy IS NOT medically necessary.