

Case Number:	CM15-0092327		
Date Assigned:	05/18/2015	Date of Injury:	11/05/2014
Decision Date:	06/25/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/13/2015

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 48 year old male, who sustained an industrial injury on 11/05/2014 when he missed 3 steps on a stairway and fell. He reported neck, back and lower extremity pain. Treatment to date has included medications, epidural injections, trigger point injections, MRI, electrodiagnostic testing and physical therapy. Electrodiagnostic testing performed on 04/03/2015, showed evidence of chronic right L4 radiculopathy and acute left S1 radiculopathy on exam. There was also evidence of some nerve root irritation at the L4 and S1 levels but no spontaneous activity noted to diagnose radiculopathy at these levels. According to a progress report dated 04/03/2015, the injured worker was being seen for chronic pain issues. Symptoms included neck stiffness with pain radiating to the right upper back, right shoulder and right arm and numbness across the posterior forearm, right thumb, right index finger and right lower back and leg. Pain was rated 3 on a scale of 1-10. Lumbar stiffness was rated 3. Medication regimen included Flexeril, Vitamin D, compounding cream, Tramadol, Vitamin B12, Baclofen and Amoxicillin. Problem list included cervicalgia, neck pain, cervical radiculopathy/radiculitis, cervical spondylosis without myelopathy, myofascial pain lumbar or thoracic radiculitis/radiculopathy, lateral epicondylitis and ulnar nerve lesion/neuropathy. Diagnoses included lumbar or thoracic radiculitis/radiculopathy and myofascial pain. The injured worker had good results and improvement in lower extremity pain that lasted for 3 months following a bilateral L5 transforaminal epidural steroid injection that was performed on 11/20/2014. Treatment plan included compounding cream, Baclofen, Gabapentin and Tramadol. The provider noted that the

injured worker would benefit from integrative pain management including appropriate procedures/injections, physical rehabilitation and medication optimization to address chronic pain issues. The provider noted that the injured worker had difficulty tolerating physical therapy due to flare up of neck pain with the exercises and may benefit from aqua therapy. The provider requested authorization for 2 sessions/week for 6 weeks for a trial of aqua therapy. Massage therapy, gym membership and home Jacuzzi and/or pool therapy was recommended. Currently under review is the request for outpatient physical therapy (12 sessions) with H-Wave and Iontophoresis and lumbar cortisone facet joint injections under fluoroscopy and ultrasound guidance at left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (12 sessions) with H wave and Iontophoresis: Upheld

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

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 sustained a work-related injury in November 2011 and continues to be treated for radiating low back pain. When seen, he was having symptoms including radiating pain to the legs, ankle, and feet. Physical examination findings included positive straight leg raising with decreased lower extremity strength and sensation. There was decreased spinal range of motion with muscle guarding and tenderness with twitch responses. The note documents a home exercise program. The claimant is being treated for chronic pain and already has a home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish / revise his home exercise program. The request is not medically necessary.

Lumbar cortisone facet joint injections under fluoroscopy and ultrasound guidance at left 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 (ODG).

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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for radiating low back pain. When seen, he was having symptoms including radiating pain to the legs, ankle, and feet. Physical examination findings included

positive straight leg raising with decreased lower extremity strength and sensation. There was decreased spinal range of motion with muscle guarding and tenderness with twitch responses. The note documents a home exercise program. 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. In this case, the claimant has radicular symptoms affecting the lower extremities with positive straight leg raising and decreased sensation and strength. The requested facet injection is not medically necessary.