

Case Number:	CM15-0096446		
Date Assigned:	05/26/2015	Date of Injury:	11/01/2013
Decision Date:	06/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male patient with an industrial injury dated 11/01/2013. His diagnoses were displacement of lumbar intervertebral disc without myelopathy. Per the doctor's note dated 4/28/2015, he had complaints of left shoulder pain and low back pain with radiation to bilateral legs with tingling and numbness. The physical examination revealed slowed ambulation, decreased lumbar extension due to pain, paraspinal spasm with twitch response and positive bilateral straight leg raising test. Per the doctor's note dated 02/12/2015 he had complaints of more low back pain described as a stabbing type sensation to the point where he had fallen a couple of times as a result of his back pain. He describes the pain as more severe than it was a month ago. Physical exam noted difficulty performing toe walking. He had significant tenderness to palpation in the mid lumbar region. Straight leg raise was positive for low back pain that radiated down both legs. He had diminished sensation noted in the lateral aspects of both legs down to the knee level. His medications included Flexeril, Norco, Prilosec, Tylenol, Tramadol and Naproxen. He has had MRI dated 01/27/2015 which revealed at L4-5, 3 mm disc bulge with bilateral facet arthropathy; CT lumbar spine dated 1/26/15 which revealed pseudoarthrosis at L5-S1. He has undergone left shoulder surgery on 10/22/14 and lumbar spine surgery in 2004. He has had bilateral lumbar 4-5 TFESI on 8/5/14. He has had physical therapy visits for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 Facet Block Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Request- L5 Facet Block Injections. Per the cited guidelines "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study." In addition, regarding facet joint injections, ODG states, "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." One of the criteria for medial branch block or facet joint injections includes that the pain should be non radicular in nature. The pt had a straight leg raise test that was positive for low back pain that radiated down both legs. He had diminished sensation noted in the lateral aspects of both legs down to the knee level. In this case patient has low back pain with signs and symptoms suggestive of radiculopathy. Therefore, there is no high-grade scientific evidence to support the need for the facet injection for this patient as cited above. The medical necessity of L5 Facet Block Injections is not fully established for this patient at this juncture.

Physical Therapy x 12 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Request- Physical Therapy x 12 visits for the lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had an unspecified number of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy x 12 visits for the lumbar spine is not established for this patient at this time.

