

Case Number:	CM14-0153909		
Date Assigned:	09/23/2014	Date of Injury:	06/05/2013
Decision Date:	11/04/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported injury on 06/15/2003, reportedly while working as a welder/iron worker. He stated he was pushing a 60 foot iron tube into a cutting machine and felt severe low back pain, which was sharp, burning, which traveled down his right leg. The injured worker's treatment history included failed muscle relaxer, NSAIDs, and 5 sessions of physical therapy. Other conservative care included x-rays of the lumbar spine, MRI studies, and medications. The injured worker was evaluated on 09/24/2014. It was documented the injured worker complained of upper back pain, mid back pain, and lower backache. The injured worker rated his pain with medications at 6/10 on the pain scale and without medications 8/10 on the pain scale. He does not report any change in the location of pain. Physical examination of the cervical spine revealed range of motion was restricted with flexion limited to 35 degrees and extension limited to 30 degrees. On examination of the paravertebral muscles, tenderness was noted on both sides. Spurling's maneuver produces on pain in the neck musculature of radicular symptoms in the arm. Spine examination revealed range of motion was restricted with flexion limited to 45 degrees and extension limited to 10 degrees limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band was noted on both sides. No spinal process tenderness noted. The injured worker could not walk on heels or toes. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on the right side in supine position at 45 degrees. FABER test was positive. The injured worker had undergone an MRI study of the lumbar spine on 11/23/2013 that revealed multilevel disc desiccation, small annular tear at L2-3, and 1 to 2 mm disc bulge, 3 to 4 mm inferior foraminal disc bulge at L3-4, L4-5 left foraminal disc herniation, right foraminal 2 to 3 mm bulge; no thecal sac impingement was noted. Diagnosis included disc disorder, lumbar, lumbar facet syndrome, low back pain, cervical pain, and thoracic pain. The Request for

Authorization dated 09/25/2014 was for medial branch block at right L3-4, L4-S1, and 12 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy. However, outcome measures were not submitted for review. The provider failed to indicate long term functional goals. The documentation submitted on 05/01/2014 documented the injured worker failed conservative treatment including muscle relaxers, NSAIDs, and 5 sessions of physical therapy to the lumbar spine. As such, the request for 12 physical therapy visits for the lumbar spine is not medically necessary.

Lumbar Medial Branch Blocks at right L3- L4, L4-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, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The requested is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques have no proven benefit in treating acute low back symptoms. The Official Disability Guidelines does not recommend medial branch blocks except as a diagnostic tool. Minimal evidence for treatment. Pain Physician 2005: In 2005 Pain Physician published an article that stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. This was supported by one study. Patients either received a local anesthetic or a local anesthetic with methyl prednisolone. All blocks included Sarapin. Sixty percent of the patients overall underwent seven or more procedures over the 2 year study period (8.4 0.31 over 13 to 32 months). There were more procedures recorded for the group that received corticosteroids than those that did not (301 vs. 210, respectively). ["Moderate evidence" is a definition of the quality of evidence to support a treatment outcome according to Pain Physician.] The average relief per procedure was

11.9 3.7 weeks. More specifically, the Official Disability Guidelines recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the VAS pain scale. On 11/23/2013, the injured worker had an MRI of the lumbar spine that revealed multilevel disc desiccation, small annular tear at L2-3, and 1 to 2 mm disc bulge, 3 to 4 mm inferior foraminal disc bulge at L3-4, L4-5 left foraminal disc herniation, right foraminal 2 to 3 mm bulge; no thecal sac impingement was noted. As such, the request for lumbar medial branch blocks at right L3-4, L4-S1 is not medically necessary.