

Case Number:	CM13-0013818		
Date Assigned:	10/01/2013	Date of Injury:	02/19/1978
Decision Date:	02/12/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

This is a 67 year-old male with a 2/19/1978 industrial injury claim involving his neck and low back. He has been diagnosed with: history of multiple surgeries in the lumbar area, failed back syndrome, radicular symptoms to lower extremities, cervical strain/sprain, disc protrusions at C3/4, C4/5, C5/6 and C6/7, and r/o cervical radiculopathy. According to the IMR application, there is a dispute with the 7/29/13 UR decision. The 7/29/13 UR decision is by CID, and was based on the 7/23/13 medical report by [REDACTED] and recommends non-certification for thoracolumbar facet blocks at T11/12, T12/L1, and non-certification for a thermo cool, hot/cold contrast therapy with compression unit. Unfortunately, in the 712 pages of records provided for this IMR, the 7/23/13 medical report was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

one Thoracolumbar Facet Block at T11-T12, T12-L1 (Express Scripts) between 7/26/2013 and 9/24/2013: 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), Chapter on Low Back - Lumbar & Thoracic (Acute and Chronic), Section on Facet Joint Injections - Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Treatment for Worker's Comp Guidelines, Chapter on Low Back, Section on Facet Joint Injections - Thoracic

Decision rationale: The 1/17/08 MRI shows fusion L2 through S1. The 11/5/12 report from [REDACTED] states the patient had fusion L1-L2 on 9/16/08. I do not have the 7/23/13 report that UR based the denial on, but I do have a 7/15/13 report from [REDACTED], that states he is tender T10-L1 and has loss of motion in the lumbar spine. He apparently had an ESI, and now the request is for facet blocks. MTUS and ACOEM do not discuss facet injections for the thoracic spine. ODG guidelines were consulted. ODG specifically states thoracic facet injections are not recommended. The request for thoracic facet blocks is not in accordance with ODG guidelines.

one Thermo Cool Hot and Cold Contrast Therapy with Compression (Priority Care Solutions) between 7/26/2013 and 9/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back Chapter - Lumbar and Thoracic (Acute and Chronic), Section on Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Section on Cryoanalgesia and Therapeutic Cold (Number 0297).

Decision rationale: MTUS/ACOEM guidelines recommend ice packs for low back pain, but do not discuss continuous flow contrast therapy with compression. ODG guidelines discuss compression therapy and continuous flow therapy for the knee and hip, but not the lower back and thoracic spine. Aetna guidelines were consulted. Aetna considers these devices as experimental and states "Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy." The request for the Themocool hot/cold contrast with compression unit is not in accordance with Aetna guidelines.