

Case Number:	CM13-0022190		
Date Assigned:	11/13/2013	Date of Injury:	05/01/2012
Decision Date:	02/10/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 52-year-old male who reported an injury on 05/01/2012 due to moving a large cart into an elevator that resulted in a low back injury. The patient was treated conservatively; however, ultimately surgical intervention was rendered. The patient underwent L4 to S1 decompression in 05/2013. The patient was treated postsurgically with physical therapy and transitioned into a home exercise program. The patient underwent an MRI on 08/06/2013 that revealed bilateral facet capsulitis at the L3-4, L4-5, and L5-S1; evidence of a hemilaminectomy at the L4-5 and L5-S1. The patient's most recent physical examination revealed numbness in the great toe, good strength in the bilateral lower extremities, and equal and symmetric deep tendon reflexes of the bilateral lower extremities. The patient diagnoses included status post L4-5 decompression foraminotomy and microdiscectomy and L5-S1 decompression. The patient's treatment plan was to initiate muscle relaxant therapy, facet joint injections, and possible radiofrequency ablation for the L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment for L4-S1 facet 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 (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page(s) 163, and the Official Disability Guidelines (ODG), Low Back Chapter, Facet Injections (diagnostic)

Decision rationale: The requested pain management consultation and treatment for the L4-S1 facet injections is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a facet injection. Additionally, the clinical documentation does not provide any evidence that the patient has facet mediated pain that would warrant a facet injection. The American College of Occupational and Environmental Medicine recommends specialty consultations when additional expertise would assist in treatment planning for the patient. However, as the patient does not have any evidence of facet mediated pain within the documentation, facet injections at the L4-S1 would not be indicated. As such, the requested pain management consultation and treatment for L4-S1 facet injections is not medically necessary or appropriate.

Radiofrequency ablation at 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 (ODG), Low Back Chapter

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 Chapter, Facet joint radiofrequency neurotomy

Decision rationale: Official Disability Guidelines recommend radiofrequency ablation for patients who have documented facet mediated pain and have previously undergone a medial branch block that provided at least 50% relief for approximately 12 weeks. The clinical documentation submitted for review does not provide any evidence that the patient has recently undergone a medial branch block. Additionally, there are no clinical findings to support that the patient's pain is facet mediated. Additionally, it is noted within the documentation that the patient previously received radiofrequency ablation. However, there is no explanation of that previous treatment. Therefore, the determination for an additional radiofrequency ablation cannot be adequately made. Therefore, the requested radiofrequency ablation at the L4-S1 is not medically necessary or appropriate.

Evaluation with a gym trainer for exercise program: Upheld

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

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

Decision rationale: The requested evaluation with a gym trainer for an exercise program is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent physical therapy. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does provide evidence that the patient has been educated by the treating physician to participate in an appropriate home exercise program. Therefore, the evaluation with a gym trainer for an exercise program is not medically necessary or appropriate.