

Case Number:	CM13-0022467		
Date Assigned:	06/06/2014	Date of Injury:	11/13/2000
Decision Date:	07/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal Medicine, has a subspecialty in Emergency 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 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:

This patient is a 63 year-old with a date of injury of 11/13/00. A progress report associated with the request for services, dated 08/22/13, identified subjective complaints of low back and knee pain. Objective findings included tenderness to palpation of the lumbar spine. Motor and sensory function and reflexes were normal. The right knee exhibited tenderness and crepitus. No medical conditions are noted in the record. Diagnoses included previous surgery on the knee; low back pain; and lumbar facet pain. Treatment has included aquatic therapy, medications, and previous radiofrequency facet joint neurotomy. Medications included NSAIDs, oral opioids, topical analgesics, and an antidepressant. A utilization review determination was rendered on 09/04/13 recommending non-certification of prospective request for 1 RF lumbar spine; prospective request for 1 year gym membership; and prospective request for 1 CMP, CBC, PSA and HBA1C lab test.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 RF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: Also called facet rhizotomy, the Medical Treatment Utilization Schedule (MTUS) Guidelines note that radiofrequency neurotomy of facet joint nerves of the cervical spine provides good temporary relief of pain. Similar quality literature does not exist for the lumbar region and those neurotomies produce mixed results. They further note that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG state that studies have not demonstrated improved function. They list the following criteria for use: Only after a positive diagnostic medial branch block, repeat neurotomies should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at over 50% relief. Repeat neurotomies depend on evidence such as improvement in pain, decreased medications, and documented improvement in function. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, there is no evidence of a prior diagnostic medial branch block in the area requested for radiofrequency ablation. Likewise, there is limited evidence recommending lumbar facet radiofrequency ablations. Therefore, there is no documented medical necessity for the lumbar radiofrequency ablation.

PROSPECTIVE REQUEST FOR 1 YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Complaints. Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 309. Decision based on Non-MTUS Citation ODG Pain, Exercise; Low Back, Gym Memberships.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG) state that exercise is recommended for all forms of pain. However, they note that there is insufficient evidence to recommend any particular exercise regimen over another. Further, they note that gym memberships and advanced home exercise equipment are not recommended as they lack monitoring and administration by a medical professional. Gym memberships and swimming pools are not considered medical treatment and therefore not covered under the Guidelines. Therefore, in this case, the record does not document the medical necessity for an exercise program that involves a gym membership.

PROSPECTIVE REQUEST FOR 1 CMP,CBC,PSA AND HGA1C LAB TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Academy of Clinical Biochemistry. Guidelines and Recommendations For Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS), based upon manufacturer guidelines does recommend periodic monitoring of a complete blood count (CBC) and chemistry profile to include liver functions when on NSAID therapy. The interval for such testing is not specified. In this case, the claimant is on NSAID therapy, and therefore the medical record does support the medical necessity for the above laboratory screening. However, recommended screening does not include a HBA1C or PSA. Therefore, the record does not document the medical necessity for the laboratory studies as requested.