

Case Number:	CM13-0025373		
Date Assigned:	11/20/2013	Date of Injury:	02/08/2011
Decision Date:	02/26/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/17/2013

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 Inteventional 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 61 year-old male with a 2/8/2011 industrial injury. He has been diagnosed with chronic intractable pain; lumbar degenerative changes with mild canal stenosis at L4/5, and neuroforaminal narrowing at L2/3 through L4/5; muscle spasms; facet pain with loss of full upright posture; gastritis intefering with intake of NSAIDs (nonsteroidal anti-inflammatory drugs), but responding to H2 (histamine-2) blockers; and depression aggravated by chronic pain. The IMR (Independent Medical Review) application signed on 9/16/13 shows a dispute with the 9/6/13 UR (utilization review) decision. The 9/6/13 letter from [REDACTED] shows a denial for a consultation for facet medial branch blocks and radiofrequency rhizotomies, and denies access to a pool for exercises. The UR decision was based on the 8/23/13 medical report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for facet medial branch blocks: Overturned

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

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 chapter.

Decision rationale: The 8/23/13 report from the provider states the patient presented in a hunched forward position, and he was not able to extend to a neutral position, but was able to flex forward to 55 degrees. The patient had 2+ muscle spasms in the lumbosacral region. The patient did have decreased sensation bilaterally in the S1 distribution, MRI (magnetic resonance imaging) showed no neural foraminal narrowing at L5/S1, but did show severe right and moderate left foraminal narrowing at the L4/5 level. There was facet arthropathy L1/2 to L5/S1. The provider points out that the electrodiagnostic testing on 8/2/13 was negative for peripheral neuropathy or lumbosacral radiculopathy. The ACOEM guidelines state there is no good evidence for lumbar facet neurotomies and also states they should only be performed after diagnostic injections. The Official Disability Guidelines (ODG) recommend a diagnostic MBB (medial branch block). The request for a consultation for medial branch blocks appears to be in accordance with MTUS/ACOEM guidelines and ODG guidelines.

Consultation for radiofrequency rhizotomies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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 chapter.

Decision rationale: The consultation for lumbar RFA (radiofrequency ablation) is not indicated at this time. The patient has not had diagnostic medial branch blocks (MBB). The ACOEM states there is no quality literature to support radiofrequency neurotomy for the lumbar spine. The ODG guidelines states the efficacy of the procedure and approval of treatment should be made on a case-by-case basis. The ACOEM guidelines indicate that facet neurotomies should only be performed after appropriate investigation involving controlled dorsal medial branch diagnostic blocks. At this time, the patient has not had the diagnostic MBB, and does not meet ACOEM criteria for facet neurotomy.

Access to pool for exercise: 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), Health Clubs chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic therapy; Section Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar chapter: Gym membership

Decision rationale: There is not enough information provided to confirm that the aquatic pool therapy is provided in accordance with MTUS guidelines. The physician has not reported the duration or frequency of the aquatic therapy sessions, or discussed functional improvement with prior PT (physical therapy) or aquatic therapy. The MTUS guidelines recommend aquatic therapy as an option for land-based PT if weight-bearing is desirable. The MTUS guidelines

recommend 8-10 sessions of therapy for various myalgias and neuralgias. If the physician was requesting a gym membership, it would not be in accordance with ODG guidelines. The Official Disability Guidelines (ODG) states there must be documentation of a home exercise program assessment and revision being ineffective, there must be documentation of a need for specific equipment, and the treatment needs to be monitored, as well as administered by medical professionals. The ODG also state that in general, gyms, healthclubs, and pool memberships are not considered medical treatment. In this case, the requesting physician has not disclosed the number of visits or duration of care. Based on the available information, the aquatic therapy is not in accordance with MTUS guidelines, and a swimming pool or healthclub membership is not in accordance with ODG guidelines.