

Case Number:	CM13-0046866		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2010
Decision Date:	02/27/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/01/2013

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 57-year-old female who reported an injury on 05/18/2010. The mechanism of injury was noted to be a fall. Her diagnoses include lumbar spine facet syndrome, lumbar spine rule out radiculopathy, lumbar disc syndrome without myelopathy, and facet arthropathy. She was also noted to be status post left knee total knee arthroplasty. At her 11/19/2013 office visit, her physical exam findings were noted to show limited range of motion in the lumbar spine as well as tenderness over the L4-5 and L5-S1 facet joints on the left. It was noted that due to a confirmation block, her treatment plan would include radiofrequency ablation to the left L4-5 and L5-S1. At her 12/02/2013 office visit, it was noted that her physical exam findings included a healed surgical scar on the left knee, minimal effusion, full range of motion, and some weakness to knee flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd series of lumbar facet block left L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to ACOEM Guidelines, invasive techniques, such as facet joint injections, are of questionable merit. However, many pain physicians believe that diagnostic and/or therapeutic injections may have benefits in patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state that diagnostic facet joint blocks are recommended prior to facet neurotomy; however, the Official Disability Guidelines recommend no more than 1 set of blocks diagnostically. The 11/19/2013 office note indicates that the patient had confirmation blocks, and a plan was noted for radiofrequency ablation at the requested levels. A request for a second series of lumbar facet blocks to the left L4-5 and L5-S1 is not supported by guidelines. Therefore, the request is noncertified.

Thermocool hot and cold contrast therapy with compression, 60 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Continuous-flow cryotherapy.

Decision rationale: According to the Official Disability Guidelines, continuous flow cryotherapy units are recommended as an option after surgery for up to 7 days. The patient was noted to have recent total knee arthroplasty; however, the request is for a Thermocool unit for 60 days. As the guidelines only recommend postoperative use of continuous flow cryotherapy units for up to 7 days, the request is not supported. As such, the request is noncertified.