

Case Number:	CM13-0063833		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2007
Decision Date:	04/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 5, 2007. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar fusion at L5-S1; two prior medial branch blocks; and unspecified amounts of physical therapy over the life of the claim. An October 14, 2013 progress note is notable for comments that the applicant reports persistent low back pain. She states she has significant pain relief following earlier medial branch blocks in 2010 and 2011. The applicant is status post lumbar fusion surgery. Diabetes is poorly controlled. There is evidence of low back pain radiating to legs, left greater than right. The applicant is on Norco and Pamelor. She is using a cane to move about. 5-/5 left lower extremity strength is appreciated, although the applicant is using a cane and has to limit certain tasks secondary to pain. Lumbar rhizotomy procedures are sought. The applicant is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rhizotomy left side L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, the overall recommendation on various forms of trigger point injection therapy, including radiofrequency ablation procedures, rhizotomy procedures, diagnostic medial branch blocks, etc. is "not recommended." In this case, the applicant is status post prior lumbar fusion surgery and has evidence of low back pain radiating to legs, suggesting the presence of lumbar radicular pain as opposed to facetogenic pain for which the proposed rhizotomy procedure is indicated. Accordingly, the request is not certified, on Independent Medical Review.

Consultation with neurologist for rhizotomy procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead an attending provider to "reconsider the diagnosis" and determine whether a specialist evaluation is necessary. In this case, the applicant has longstanding chronic low back pain issues. Consultation with a neurologist to consider treatment options is indicated and appropriate, whether or not the applicant ultimately receives the rhizotomy procedure which was denied above, response #1. Therefore, the request for a neurology consultation is certified.

Assistance bar for bathroom wall: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services which are specifically not covered include provision of non-medical activities of daily living when this is the sole care being requested. In this case, the applicant is not receiving any concomitant medical services such as home physical therapy; home wound care, or IV antibiotics. Provision of an assistance bar for the bathroom will simply to facilitate activities of daily living such as toileting, bending, etc., and is not a covered service, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

Toilet seat lifter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Knee and Leg Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As with the request for an assistance bar, this request represents provision of home health services to facilitate non-medical activities of daily living, such as bathing, toileting, ambulating, and moving about, etc. However, said services are specifically not covered when this is the only care being requested, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the applicant is several years removed from the date of injury. He is not concurrently seeking any other home health services such as wound care, physical therapy, speech therapy, etc. Therefore, the proposed toilet seat lifter to facilitate performance of non-medical activities of daily living is not certified, on Independent Medical Review.