MAXIMUS Federal Services

Case Number:	CM14-0015163		
Date Assigned:	02/28/2014	Date of Injury:	09/28/2010
Decision Date:	08/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, 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:

This is a 53-year-old male with a 9/28/2010 date of injury. A specific mechanism of injury was not described. 1/17/14 determination was modified. A cervical percutaneous stereotactic radiofrequency rhizotomy, chiropractic treatment, and a compound medication were non-certified. A request for physical therapy was modified to an initial trial of 6 sessions. The radiofrequency was denied given no evidence of positive diagnostic blocks at the requested levels. The chiropractic was denied given that if done concurrently with PT there would be no way to assess which treatment was effective if the patient noted improvement. 12/12/13 medical report identified neck pain and exacerbation of low back pain. The neck pain is reported at 5/10. The low back pain was exacerbated 2-3 weeks prior to the examination. Cervical spine range of motion was decreased on flexion. There was pain over the cervical facets C3 to C6, and over the spinous process of C6 and C7. Lumbar spine with pain with extension, and decreased lateral bending and rotation. There was pain over the spinous process of L5/S1 and the facets of L4-5, L5-S1, especially on the left side with facet loading. There was muscle spasm. The provider states that the patient had facet block at two levels only and there was two hours of pain relief more than 80%. There was a decrease in pain more than 2 on the VAS scale. The 10/17/13 medical report identifies that the patient had more than 3hrs full pain relief with the pain returning after 5-6 hours, confirming the facets to be one of the main pain generators at the level of C5-6 and C6-7 medial branches. 8/29/13 medical report identifies a request for facet blocks at C5-6 and C6-7. 8/21/13 procedure report identifies that a cervical facet block was performed at C3-4 and C4-5 after which the patient reported 80% decreased in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL PERCUTANEOUS STEREOTACTIC RADIOFREQUENCY RHIZOTOMY UNDER C-ARM FLUOROSCOPY AT C5-C6 AND C6-C7 LEVELS AT THE LEVEL OF THE MEDIAL BRANCHES: 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,Chronic Pain Treatment Guidelines Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: CA MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. In addition, ODG criteria for cervical RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The patient has cervical pain that responded favorably to prior facet injections at the requested C5-6 and C6-7 levels with more than 3hrs full pain relief. There is also indication of continued pain management with appropriate updates to the treatment plan according the patient's progress. Therefore, the requested procedure was medically necessary.

PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient apparently had not had recent physical therapy for the lumbar spine. There are deficit noted and an initial trial seemed reasonable. In this context, the prior determination appropriately modified the request to an initial trial of 6 sessions. However, the proposed number of sessions of physical therapy as requested could not be deemed medically necessary.

CHIROPRACTIC TREATMENT 2-3 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE: Upheld

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): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. There has not been recent chiropractic treatment and there is a concurrent request for physical therapy. The prior detemination appropriately modified the physical therapy to an initial trial, and the records do not indicate a rationale for concurrent physical modalities. In addition, the number of sessions as requested exceed CA MTUS recommendation for an initial trial.

Ketoprofen/Gabapentin Compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The medical necessity for this request was not substantiated. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no rationale identifying the medical necessity for compound medications as opposed to more widely supported and FDA approved oral medications.