MAXIMUS Federal Services

Case Number:	CM14-0018237		
Date Assigned:	04/28/2014	Date of Injury:	08/29/2012
Decision Date:	07/07/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional 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 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 case involves a 47 year-old male who was injured on 8/29/2012 when he was struck by a forklift. He has been diagnosed with lumbar sprain/strain; r/o facetogenic pain; and MRI evidence of grade 1 spondylolisthesis of L4 on L5 and 3-mm disc herniation. According to the 12/16/13 anesthesiology/pain management report from [redacted], the patient present with lower back pain that radiates to the lower extremity to the knee. He takes gabapentin, tramadol and tizanidine with some relief. There are no neurologic deficits in the lower extremities, and the prior epidural injection did not help. The physician requested a diagnostic lumbar facet block L4/5 and L5/S1 (medial branch blocks without steroid, with only local anesthetic) and a Thermocool hot/cold compression therapy unit for 60 days. On 1/16/14 UR denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC FACET BLOCK, L4-L5, L5-S1 (MEDIAL BRANCHES): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to the 12/16/13 anesthesiology/pain management report from [redacted] the patient present with lower back pain that radiates to the lower extremity to the knee. I have been asked to review for a Thermocool hot/cold compression therapy unit rental for 60 days. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) and Official Disability Guidelines (ODG) guidelines do not discuss hot/cold compression therapy for the lower back. Aetna clinical policy bulletins were consulted. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy Aetna guidelines do not recommend hot and cold contrast compression therapy units. The request is not in accordance with Aetna Clinical Policy Bulletins.

THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION FOR 60 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other medical treatment guidelines or medical evidence: Aetna Clinical Policy Bulletin Cryoanagalesia and Theraeutic Cold.

Decision rationale: According to the 12/16/13 anesthesiology/pain management report from [redacted], the patient present with lower back pain that radiates to the lower extremity to the knee. He takes gabapentin, tramadol and tizanidine with some relief. The physician reports no neurologic deficits in the lower extremities, and the prior epidural injection did not help. SLR was reported to be positive at 60 degrees. I have been asked to review for a diagnostic facet evaluation/medial branch blocks without steroid and with local anesthetic only, for the L4/5 and L5/S1 levels. California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) guidelines, do not support lumbar facet injections, nor lumbar radiofrequency ablation procedures, but do have some support for diagnostic facet blocks. Official Disability Guidelines (ODG) guidelines were consulted for details on the diagnostic blocks. ODG guidelines for lumbar medial branch blocks, states the procedure is limited to low back pain that is non-radicular. The patient has subjective complaints of radiating symptoms to the knees, and SLR was reported to be positive. ODG also states: "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." I have been provided with the 9/18/13 lumbar MRI report that states there is anterior and posterior fusion at L5/S1 with intervertebral fusion device and posterior pedicle screws at L5 and S1. The diagnostic facet injection at L5/S1 that has previously been surgically fused is not in accordance with ODG guidelines.