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| Case Number: | CM14-0018283 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 05/20/2009 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/15/2014 |
| 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for lumbago associated with an industrial injury date of May 20, 2009. Treatment to date has included oral analgesics, lumbar spine surgery and physical therapy. Medical records from 2013 to 2014 were reviewed and showed persistent, nonradiating, axial low back pain. Physical examination showed tenderness over the L4-L5, L5-S1 facet bilaterally and facet loading is positive for pain in the lower lumbar area. SLR was negative and there were no motor or sensory deficits noted. The patient was status post left-sided L3-L4 hemilaminotomy, partial medial facetectomy and neuroforaminotomy, and microdiscectomy with decompression of the nerve root (2/15/2011). He was assessed to have persistent axial lower back pain, rule out facet arthropathy. A diagnostic facet block was requested to identify the pain generator of the back and to see if the patient is a good candidate for lumbar facet denervation or radiofrequency ablation. Thermocool hot and cold contrast therapy with compression was requested as well for pain control, reduction of inflammation and increased circulation. There was no official result of MRI of lumbar spine available for review. Utilization review dated January 14, 2014 denied the requests for diagnostic facet block in the lumbar area at the level of L4-L5, L5-S1 at the level of medial branches and thermacool hot and cold contrast therapy with compression 60 days. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC FACET BLOCK IN THE LUMBAR AREA AT THE LEVEL OF L4-5, L5-S1 AT THE LEVEL OF MEDIAL BRANCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, facet joint diagnostic blocks.

Decision rationale: According to page 300 of the ACOEM Guidelines, facet injections are supported for non-radicular facet-mediated pain. ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. In this case, the patient complains of persistent, axial, nonradicular low back pain for which a facet block was requested to rule out facet arthropathy. However, there was no evidence that the patient had failed conservative treatment. Furthermore, there is no official result of MRI of lumbar spine available for review. The criteria have not been met, therefore the request for diagnostic facet block in the lumbar area at the level of L4-5, L5-S1 at the level of medial braches is not medically necessary.

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

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: The CA MTUS does not address hot/cold wraps specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Cold/heat packs was used instead. ODG states that cold/heat packs are recommended as an option for acute pain. At home, local applications of cold packs in the first few days of acute complaint are recommended; thereafter, applications of heat packs or cold packs. In this case, the patient has been complaining of low back pain since the industrial injury date of May 20, 2009. It is unclear whether the patient has suffered an acute exacerbation of back pain since progress notes indicate that the general level pain has been steady. Therefore, the request for Thermocool Hot And Cold Contrast Therapy with Compression x 60 days is not medically necessary.