MAXIMUS Federal Services

Case Number:	CM14-0020487		
Date Assigned:	04/25/2014	Date of Injury:	10/26/2009
Decision Date:	07/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 injured worker is a 52-year-old female who reported an injury on 10/26/2009 while performing normal work duties. The MRI dated 11/19/2013 noted L5-S1 intervertebral disc disease with foraminal stenosis. The clinical note dated 12/03/2013 the injured worker presented with complaints of increased numbness and tingling sensation in her left foot, continued low back pain, sacroiliac pain, and piriformis pain. Upon physical exam there was a slight antalgic gait on the left side, tenderness to palpation over the left sacroiliac joint, left posterior superior iliac spine, and paraspinal muscle. The injured worker was diagnosed with status post work-related injury with L5-S1 intervertebral disc disease and foraminal stenosis, left sacroilitis, left piriformis syndrome, and left foot pain. The provider recommended physical therapy of 18 sessions, a left sacroiliac block, radiofrequency ablation, and a rental for TENS unit for 30 days. The provider's rationale for physical therapy was due to the increased pain in the injured worker's lumbar spine, leg pain, and foot pain. The request for authorization form was not included in the documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 18 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: California MTUS states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete the specific exercise or task. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Furthermore, the guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the injured worker is not provided. The requested 18 sessions exceed the guideline's recommendation of 10 visits. The provider's request also does not specify the site of which the physical therapy is intended for and the frequency. As such, the request is not medically necessary and appropriate.

LEFT SACROILIAC BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis and Hip, Sacroiliac joint block.

Decision rationale: Official Disability Guidelines recommend an SI block as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. An SI dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology, including spinal stenosis and facet arthropathy. The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that involved. Pain may radiate into the buttocks, groin, and entire ipsilateral lower limb, although if pain is present about L5, it is not thought to be from the SI joint. The criteria for use of a sacroiliac block are, the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings, diagnostic evaluation must first address any other possible pain generators; the injured worker has had and failed at least 4 to 6 weeks of aggressive conservative therapy including PT, home exercise, and medication management, and blocks are performed under fluoroscopy. The medical documents included lack evidence of 3 positive exam findings, diagnostic evaluation for other possible pain generators, failure of 4 to 6 weeks of aggressive conservative therapy, and the request does not include fluoroscopy as recommended by the guidelines. As such, the request is not medically necessary and appropriate.

RADIOFREQUENCY ABLATION: 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): 298-300.

Decision rationale: CA MTUS/ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch. A new neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief that is sustained for at least 6 months. Approval of repeat neurotomy depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals no sooner than 1 week and preferably 2 weeks for most blocks. There should be evidence of formal plan of additional evidence-based conservative care in addition to facet joint therapy. The requesting physician did not include adequate documentation of significant physical exam findings congruent with facetogenic pain. There is lack of documented evidence that can be used to measure functional deficits and improvements. The request also did not signify the site at which the radiofrequency ablation was intended for. Therefore, the request is not medically necessary and appropriate.

DME: TENS UNIT RENTAL 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Criteria for the use of TENS Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The results of studies are inconclusive, the published trials did not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam. The injured worker's previous courses of conservative care were not provided. It was unclear as to how the TENS unit would provide the injured worker with functional restoration. It was not documented that the injured worker underwent an adequate TENS trial. Therefore, the request is not medically necessary and appropriate.