MAXIMUS Federal Services

Case Number:	CM14-0034185		
Date Assigned:	06/20/2014	Date of Injury:	12/26/2010
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 patient is a 77 year old with an injury date on 12/26/10. Based on the 3/4/14 progress report provided by [redacted] the diagnoses are: 1. lumbosacral spondylosis without myelopathy. 2. knee/lower leg DJD. 3. joint pain, shoulder. Exam on 2/20/14 showed "antalgic gait, walks with cane. Evidence of scoliosis. No spasm in paravetebrals. Tenderness to palpation in left lumbar paravertebral regions in L4-L5 and L5-S1 levels. Extension of L-spine positive for pain. Right lateral rotation and left lateral rotation positive for pain. Range of motion moderately restricted. A straight leg raise negative bilaterally." [redacted] is requesting right sided facet injection, possible radiofrequency ablation (RFA), aquatherapy 2x12 for the lumbar (24). The utilization review determination being challenged is dated 3/14/14. [redacted] is the requesting provider, and he provided treatment reports from 10/29/13to 3/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided facet injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Diagnostic Facet Blocks and Facet Joint Intra-Articular Injections.

Decision rationale: This patient presents with lower back pain. The treater has asked Right sided facet injection on 3/4/14 but provided progress report and RFA does not specify location of injection. Review of the report shows patient had medial branch block to left L3, L4, and L5, and lateral branch block left S1 on 1/17/14. 1/23/14 report stated 70% pain relief for 5 hours after procedure, and activities of daily living like sitting, standing, walking, lifting, household chores and work tolerance improved by 80%. Regarding facet nerve block injections for L-spine, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the treater has asked for right sided facet injection for patient's continued pain following a left-sided medial branch block 2 months prior. Treater, however, does not specify location of the location. Due to lack of specificity of request, recommendation is for denial.

Possible radiofrequency ablation (RFA): 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): 300-301.

Decision rationale: This patient presents with lower back pain. The treater has asked possible radiofrequency ablation (RFA) on 3/4/14 and this request for authorization(RFA) also includes request for right facet injection. Patient had prior radiofrequency ablation for LEFT-side at L3-L4, and L5-S1 on 2/25/14 which helped pain but the patient "still has significant right hand side pain in her low back and central pain" per 3/4/14 report. For radio frequency neurotomy of L-spine, ACOEM states that it gives mixed results, and ODG recommends on a case-by-case basis, after a positive response to a facet diagnostic block. Treater has asked for possible radiofrequency ablation (RFA) of the RIGHT-side but the patient has not had a positive response to a diagnostic facet evaluation. Furthermore, the request fails mention the levels. Recommendation is for denial.

Aqua therapy 2 x 12 for the lumbar (24): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22.

Decision rationale: This patient presents with lower back pain. The treater has asked for aquatherapy 2x12 for the lumbar spine on 3/4/14. Review of the reports do not show a recent surgical history and the patient is apparently receiving aquatherapy 1x a week with benefit but number of sessions received thus far is not specified. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." For number of sessions MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient is currently undergoing some treatments and the treater does not report on the patient's progress. It is also not explained why the patient requires such a prolonged additional course of aquatherapy for 12 weeks. The request far exceeds what is recommended by MTUS. Finally, aquatherapy is reserved for patients where reduced weight bearing is desirable and such does not appear to be the case in this patient.

Recommendation is for denial.