

Case Number:	CM14-0040028		
Date Assigned:	06/27/2014	Date of Injury:	04/16/2003
Decision Date:	07/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 Pain Management, 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 49 year old with an injury date on 4/16/03. Based on the 3/4/14 progress report provided the treating physician the diagnoses are, L4-S1 disc degeneration, status post (s/p) L4-S1 fusion, left S1 radiculopathy, lower back pain, C5-6 and C6-7 disc degenerative, T8-9 and T9-10 disc degenerative, left knee internal derangement, s/p removal of hardware at L4-S1 with bilateral laminotomies and evaluation of fusion, s/p right knee surgery, chronic pain syndrome, C2-4 stenosis, C4-7 facet arthropathy, L2-4 disc degenerative/facet arthropathy, and a L2-4 stenosis. The exam of C-spine on 3/4/14 showed no deformity, no swelling or atrophy. Tenderness to palpation over paracervical muscles. Tenderness over trapezius musculature bilaterally. Tenderness over interscapular space. Sensory exam intact in bilateral upper extremities. Cervical range of motion moderately limited especially extension at 18/60 degrees. The patient walks with antalgic gait, using cane to ambulate. Papable tenderness to palpation of paravertebrals, bilaterally. Non-tender over sacroiliac joints. L-spine range of motion moderately limited especially flexion at 20/60 degrees. Reflexes of left ankle absent. Straight leg raise positive bilaterally at 70 degrees. The treating physician is requesting lumbar facet blocks, L2-3 and L3-4, radio frequency ablation at C4-7, home health assessment, home health care 3-4 hours a day, 5 days, 9 weeks, urine toxicology screening. The treating physician is the requesting provider, and he provided treatment reports from 9/26/13 to 3/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Blocks, L2-L3 and L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Diagnostic Blocks for Diagnostic Blocks and Facet-Mediated Pain.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Low Back: Online for Diagnostic Facet Blocks website: www.odg-twc.com.

Decision rationale: This patient presents with severe neck pain radiating into shoulders and to elbows, and severe lower back pain radiating to bilateral buttocks through anterior/posterior thigh through calf to plantar aspect of feet. The treating physician has asked lumbar facet blocks, L2-3 and L3-4 on 3/4/14 in order to confirm his pain generator. A 7/13/11 MRI of the lumbar spine showed, 1-2 mm disc protrusion at L2-3, combined with facet and ligamentum flavum hypertrophy producing canal/bilateral neuroforaminal narrowing. L3-4 facet and ligamentum flavum hypertrophy producing spinal canal narrowing. Regarding facet nerve block injections of the lumbar spine, the ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the treating physician has asked for lumbar facet blocks, L2-3 and L3-4. However, this patient has radicular symptoms, decreased reflexes in left ankle, and a positive straight leg raise, and has a diagnosis of radiculopathy. Facet evaluations are not recommended when radiculopathy is present. As such, the request is not medically necessary.

Radiofrequency Ablation at C4-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Cervical Facet Radiofrequency Neurotomy.

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

Decision rationale: This patient presents with severe neck pain radiating into shoulders and to elbows, and severe lower back pain radiating to bilateral buttocks through anterior/posterior thigh through calf to plantar aspect of feet. The treating physician has asked radio frequency ablation at C4-7 on 3/4/14 in an attempt to avoid surgery. The review of the 3/12/14 report shows patient had diagnostic facet blocks at C4-7 confirming facets as pain generator. For radio frequency neurotomy of C-spine, ACOEM states that it gives mixed results, and the ODG recommends on a case-by-case basis, after a positive response to a facet diagnostic block. The ODG only recommends treating two levels at a time. In this case, the request is for a four level DMB RF ablation covering 3 facet joints. As such, the request is not medically necessary.

Home Health Assessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS pg 51: Home health services Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more

than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Page(s): 51.

Decision rationale: This patient presents with severe neck pain radiating into shoulders and to elbows, and severe lower back pain radiating to bilateral buttocks through anterior/posterior thigh through calf to plantar aspect of feet. The treating physician has asked home health assessment on 3/4/14. However, he does not discuss what the issues are with the patient's home situation such as whether or not he is living alone, what his functional level is; his self-care status, activities of daily living status, ambulation, etc. to determine whether or not there is a significant problem with the patient's home status. The treating physician is required to monitor the patient's status and progress. The request for home health assessment does not appear indicated. As such, the request is not medically necessary.

Home Health Care 3-4 hours a day, 5 days a week.: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Home Health Services, page 51.

Decision rationale: This patient presents with severe neck pain radiating into shoulders and to elbows, and severe lower back pain radiating to bilateral buttocks through anterior/posterior thigh through calf to plantar aspect of feet. The treating physician has asked home health care 3-4 hours a day, 5 days, 9 week on 3/4/14 due to functional limitations. Regarding home health services, the MTUS recommends only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the treating physician has asked for home health care but documentation does not specify if patient is home-bound. The patient ambulates with a cane, but no other evidence of functional deficits are provided. Due to lack of documentation, recommendation is for denial. As such, the request is not medically necessary.

Urine Toxicology Screening: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioid chapter, pages 94-95.

Decision rationale: This patient presents with severe neck pain radiating into shoulders and to elbows, and severe lower back pain radiating to bilateral buttocks through anterior/posterior thigh through calf to plantar aspect of feet. The treating physician has asked urine toxicology screening on 3/4/14. As of 3/12/14, patient is taking Oxycontin and Percocet. Regarding urine drug screens, the MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the treating

physician has asked for a urine drug test to monitor patient's continued opioid usage. Recommendation is for authorization. As such, the request is not medically necessary.