

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0043427 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 06/08/2004 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 03/11/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 67-year-old female who reported an injury on 06/08/2004. The mechanism of injury was not provided in the medical records. Her diagnoses include lumbar spinal stenosis and herniated nucleus pulposus. Her past treatments were noted to include epidural steroid injection, Lidoderm patches, pain medication, anticonvulsants, NSAIDs, and home exercises. On 02/11/2014, the injured worker was noted to complain of low back pain, pain with activity, right lower extremity numbness in an L5-S1 distribution, and hip pain. Her physical examination was noted to reveal pain with range of motion, decreased sensation in the right toe and heel, and an absent right Achilles reflex. The treatment plan included L4-5 and L5-S1 medial branch blocks, followed by neurotomy if those are highly positive, medication refills, and a one year gym membership. The specific rationale for the requests and the Request for Authorization forms were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block injection lumbar L4-5, L5-S1: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Low back, Facet joint radiofrequency neurotomy & Facet joint diagnostic blocks (injections) & Facet joint pain, signs and symptoms.

Decision rationale: According to the California MTUS/ACOEM Guidelines, facet neurotomy should only be pursued only after appropriate results from diagnostic medial branch blocks. More specifically, the Official Disability Guidelines state that facet joint pain is identified by the absence of radicular findings, including a normal sensory examination and normal straight leg raising tests. In addition, documentation should show tenderness to palpation in the paravertebral areas over the facets. When the clinical presentation is consistent with facet joint pain, the guidelines state that 1 set of medial branch blocks is required prior to neurotomy. Medial branch blocks should be limited to patients with non-radicular low back pain at no more than 2 levels bilaterally, and documentation should show evidence of the failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4 to 6 weeks. The clinical information submitted for review indicated that the injured worker was recommended to have medial branch blocks followed by neurotomy if those were successful. However, the documentation indicates that she has radiating pain from her low back to her right lower extremity. In addition, she was noted to have findings consistent with radiculopathy on physical examination, with decreased sensation and diminished reflexes in the right lower extremity. Further, there was no documentation indicating that she had tenderness to palpation over the facets, or that she had failed an adequate course of physical therapy. Therefore, as the injured worker's clinical presentation is not consistent with facet joint pain according to the Official Disability Guidelines, and there was a lack of documentation showing that she had tried and failed an adequate course of the recommended conservative treatment, the requested medial branch blocks are not supported. As such, the request is not medically necessary.

One year gym membership: 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 Citation Official Disability Guidelines (ODG), Low back, Gym memberships.

Decision rationale: According to the Official Disability Guidelines, gym memberships are not recommended unless there is documentation of a formal home exercise program with periodic assessment and revision, and it has been shown to be not effective. Additionally, documentation should show that there is a need for equipment. Additionally, the guidelines state that gym memberships are not considered medical treatment, as treatment needs to be monitored and administered by medical professionals. The clinical information submitted for review indicated that the injured worker was recommended for a 1-year gym membership. However, a rationale for this recommendation was not provided. In addition, the guidelines specifically state that this treatment is not generally recommended due to the lack of supervision and monitoring by medical professionals. Further, a 03/28/2013 note indicated that she was encouraged to exercise at home. However, there was no documentation showing that she had tried and failed an adequate course of a structured home exercise program with periodic assessment and revision.

In the absence of this documentation, and as gym memberships are not considered medical treatment, the request is not supported. As such, the request is not medically necessary.

Neurotomy if medial branch block (MBB) positive: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint radiofrequency neurotomy & Facet joint diagnostic blocks (injections).

Decision rationale: According to the California MTUS/ACOEM Guidelines, neurotomy should only be pursued after appropriate testing with diagnostic medial branch blocks. More specifically, the Official Disability Guidelines state that facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using medial branch blocks, with documentation showing at least 70% pain relief for at least 2 hours after diagnostic medial branch blocks at the requested levels. As the injured worker was not noted to have a clinical presentation consistent with facet joint pain and the requested medial branch blocks were not medically necessary, neurotomy would also not be supported, as this treatment cannot be recommended unless there is documentation showing an adequate response to diagnostic medial branch blocks. Therefore, the request for neurotomy is also not medically necessary.