MAXIMUS Federal Services

Case Number:	CM14-0052000		
Date Assigned:	07/07/2014	Date of Injury:	07/05/2011
Decision Date:	12/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic Surgery 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:

39 year old injured worker has back pain following an injury 07/05/2011. According to the clinic notes of 01/14/2014, her disability status is permanent and stationary. In the exam notes of 02/21/2014 the IW complain of low back pain which she rates a 4 of 10 on the pain scale. According to chart notes of 01/14/2014, a MRI of 10/03/2013 showed degenerative disc disease with facet arthropathy present at lumbar 2-3, L3-4, L4-5, and L5 Sacral 1. This MRI is not available in the current medical record. Objectively the IW has tenderness to palpation of her left paraspinal musculature and facet joints in the lumbar spine (LS) with pain on extension, decreased range of motion and tenderness over the sacroiliac joint. Lower extremity sensation and motor function is intact bilaterally. She has a positive left-sided FABER test. Lumbar facet medial blocks were given on the left L4-L5 and left L5-S1 on 01/17/2014. The IW reported 100% relief for the day following the injection, but the pain resumed the day after. According to the visit notes of 02/21/2014, the beneficiary is receiving aquatic therapy twice weekly, and states the aquatic therapy helps with mobility but causes pain. She takes tramadol as needed for severe pain and Flexeril two to three times per week for muscle spasms. These medications decrease her pain by approximately 60-70 percent. On 02/21/2014, her diagnoses included left SI joint dysfunction, and facet arthropathy of the lumbar spine. The treatment plan was to request a rhizotomy at the left L3-4, L4-5, and L5-S facet joints and continue aquatic therapy two times a week for four weeks for eight total sessions to decrease the IW pain and increase the IW's function. A request for authorization was presented on 02/21/2014 for #30 cyclobenzaprine 7.5 mg, eight sessions of aquatic therapy, ongoing follow-ups for non-surgical pain management of the sacroiliac (SI) joint and hip, medications as outlined above, and follow-up in 8 weeks. The Utilization review decision of 03/21/2014 denied approval of the rhizotomy at the left L3-4, L4-5, and L5-S facet joints citing ODG guidelines, and denied the request for eight sessions of

aquatic therapy per California Medical Treatment Utilization Schedule stating guideline criteria have not been met. The request for an independent medical review is for the rhizotomy at the left L3-4, L4-5, and L5-S facet joints and the eight sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy at the left L3-4, L4-5 and L5-S1 Facet joints: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of left SI joint dysfunction and facet arthropathy of the lumbar spine. In addition, given documentation of 100% pain relief with medial branch block, there is documentation of at least one set of diagnostic medial branch blocks with a response of 70%. However, given documentation of a request for rhizotomy at the left L3-4, L4-5 and L5-S1 facet joints, there is no documentation of no more than two joint levels to be performed at one time. In addition, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for rhizotomy at the left L3-4, L4-5 and L5-S1 facet joints is not medically necessary.

8 sessions of aquatic therapy lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS

Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 12 visits over 8 weeks in the management of lumbar radiculitis. Within the medical information available for review, there is documentation of diagnoses of left SI joint dysfunction and facet arthropathy of the lumbar spine. In addition, there is documentation of 8 sessions of aquatic therapy treatments completed to date. However, there is no documentation of an indication for which reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, despite documentation that the aquatic therapy treatments helped with mobility, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous aquatic therapy treatments completed to date. Furthermore, given documentation of a request for additional 8 sessions of aquatic therapy, in addition to the treatments already completed, which would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for 8 sessions of aquatic therapy for lumbar spine is not medically necessary.