

Case Number:	CM15-0106986		
Date Assigned:	06/11/2015	Date of Injury:	11/13/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old, female who sustained a work related injury on 11/13/13. The diagnoses have included lumbar spondylolisthesis, left lumbar radiculopathy, left-sided facet cyst and left sacroiliac joint pain. Treatments have included a left sacroiliac injection, a lumbar injection and medications. In the PR-2 dated 5/14/15, the injured worker complains of neck and low back pain. There are no requested treatments noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at L5-S1 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 (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The patient complains of back pain, left buttock pain, left groin pain, and left leg pain, as per progress report dated 12/04/14. The request is for Radiofrequency Ablation at L5-S1 and L3-L4. There is no RFA for this case, and the patient's date of injury is 11/13/13. The patient's back pain is rated at 10/10, as per progress report dated 12/04/14. The patient is status post L5-S1 lumbar fusion on 08/08/14. Diagnoses included L4-5 grade I degenerative spondylolisthesis, left lumbar radiculopathy, left-sided facet cyst, and new onset of left groin pain and left SI joint pain. The patient is temporarily totally disabled, as per the same report. ACOEM guidelines, chapter 8 page 174 incidentally notes under ok footnote: "There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28). Caution is needed due to the scarcity of high-quality studies." ODG guidelines support it for facet joint syndrome after proper diagnostics have been carried out. For repeat procedure, greater than 50% reduction of pain lasting at least 3 months and if not 6 months is required. In this case, only one progress report dated 12/04/14 is available for review and it does not discuss the request. The patient has been diagnosed with left lumbar radiculopathy. Additionally, it is not clear if the patient has formerly received medial branch block at these levels. ODG guidelines require a diagnoses of facet joint pain using a medial branch block for radiofrequency ablation. Furthermore, the L-S1 level is fused and RF ablation at this level would not be supported. Hence, the request for ablation is not medically necessary.

Aquatic therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine Page(s): 22, 98-99.

Decision rationale: The patient complains of back pain, left buttock pain, left groin pain, and left leg pain, as per progress report dated 12/04/14. The request is for Aquatic Therapy 2 Time a Week for 4 Weeks for the Lumbar Spine. There is no RFA for this case, and the patient's date of injury is 11/13/13. The patient's back pain is rated at 10/10, as per progress report dated 12/04/14. The patient is status post L5-S1 lumbar fusion on 08/08/14. Diagnoses included L4-5 grade I degenerative spondylolisthesis, left lumbar radiculopathy, left-sided facet cyst, and new onset of left groin pain and left SI joint pain. The patient is temporarily totally disabled, as per the same report. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report dated 12/04/14 is available for review and it does not discuss the request. The report does not document prior therapy. There is no diagnoses of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. It is not clear why the patient cannot undergo traditional PT. Hence, the treater's request for 8 sessions of aquatic therapy is not medically necessary.

