

<b>Case Number:</b>	CM15-0010512		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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 45 year old male, who sustained an industrial injury on February 23, 2012. The diagnoses have included cervicgia, lumbago and sciatica. Treatment to date has included lumbar surgery, trigger point injections, physical therapy and pain medication. Currently, the injured worker complains of increased low back pain rated a 9 on a 10-point scale with increased radiation to the buttocks as well as right lower back pain which is reproducible with palpation. The injured worker reported bilateral leg pain to the feet with persistent burning paresthesias. He is status post RF bilateral L4-L5 with 90% relief of low back pain with some return of pain but with sciatic pain briefly since the surgery. The injured worker had trigger point injections with resolution of symptoms for two weeks but the pain and spasms returned. On January 16, 2015 Utilization Review non-certified a request for durable medical equipment elliptical SCIFIT XT 7000, Pain Management radiofrequency neurolysis at bilateral L4, L5, and injection medial branch block at bilateral L1-L2, L2-L3, L3-L4, noting that the guidelines do not support the use of an advanced home exercise equipment; no documentation was found to support facet pathology and no clear reason for the lumbar medial branch blocks. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 19, 2015, the injured worker submitted an application for IMR for review of elliptical SCIFIT XT 7000, Pain Management radiofrequency neurolysis at bilateral L4, L5, and injection medial branch block at bilateral L1-L2, L2-L3, L3-L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elliptical; SCIFIT XT 7000:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter under Gym memberships Knee & Leg chapter under DME.

**Decision rationale:** This patient complains of increased low back pain rated a 9 on a 10-point scale with increased radiation to the buttocks as well as right lower back pain which is reproducible with palpation. The patient also reported bilateral leg pain to the feet with persistent burning paresthesias. The current request is for an ELLIPTICA; SCIFIT XT7000. The MTUS and ACOEM Guidelines do not discuss elliptical machines. However, ODG Knee & Leg Chapter under Gym memberships, states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." ODG guidelines, Knee & Leg chapter under DME, states that DME is defined as equipment which: 1. can withstand repeated use, i.e., could normally be rented, and used by successive patients; 2. is primarily and customarily used to serve a medical purpose; 3. generally is not useful to a person in the absence of illness or injury; & 4. is appropriate for use in a patient's home. CMS 2005. DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment DME below." There is no evidence that chronic pain patients require specialized equipment such as an elliptical to achieve an effective home exercise program. In addition, the request does not meet the definition of DME per ODG guidelines as an elliptical machine is not solely used for medical purposes. This request is not medically necessary.

**Pain management radiofrequency neurolysis at bilateral L4, L5:** Upheld

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

**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 - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

**Decision rationale:** This patient complains of increased low back pain rated a 9 on a 10-point scale with increased radiation to the buttocks as well as right lower back pain which is reproducible with palpation. The patient also reported bilateral leg pain to the feet with persistent burning paresthesias. The current request is for pain management radiofrequency neurolysis at bilateral L4, L5. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: 'Criteria for use of facet joint radiofrequency neurotomy:

1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.' The medical file provided for review includes an operative report dated 6/13/14, which indicates that the patient underwent a bilateral L4-L5 radiofrequency ablation. Review of subsequent progress report dated 7/11/14 does not quantify the improvement from prior injection and there was no documentation of reduction in medication as required by MTUS for consideration of a repeat injection. The requested repeat radiofrequency ablation IS NOT medically necessary.

**Medial branch block at bilateral L1-2, L2-3, L3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 chapter regarding Facet joint diagnostic blocks.

**Decision rationale:** This patient complains of increased low back pain rated a 9 on a 10-point scale with increased radiation to the buttocks as well as right lower back pain which is reproducible with palpation. The patient also reported bilateral leg pain to the feet with persistent burning paresthesias. The current request is for medial branch block of bilateral L1-2, L2-3, L3-4. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. This patient presents with radicular symptoms and ODG support facet diagnostic blocks for patients with non-radicular symptoms. This request is not medically necessary.