

Case Number:	CM15-0168011		
Date Assigned:	09/08/2015	Date of Injury:	03/25/2014
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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 44-year-old male, who sustained an industrial injury on March 25, 2014. Treatment to date has included diagnostic imaging, lumbar facet injections, cognitive behavioral therapy, and opioid medications. Currently, the injured worker complains of low back pain. The injured worker reported that lumbar facet injections to L3-L4, L4-L5 and L5-S1 on July 21, 2015 provided a 60-70% decrease in the usual back pain for approximately 1.5 days. He reports that he is able to be more active, to twist and bend with significantly decreased pain. He reports that he has slept better than he has in a long time due to pain relief provided from the injections. The injured worker reports that his pain has returned to baseline since the procedure. The injured worker continued to use Norco when his pain is severe and uses medical marijuana as well. On physical examination, the injured worker is tenderness to palpation over the lumbar paraspinal musculature and he has pain with axial loading of the lumbar facet joints. The diagnoses associated with the request include spondylosis, fracture of the lumbar vertebra, and fracture of the scapula. The treatment plan includes continued Norco, bilateral permanent lumbar facet injection, and a six-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership, for 6 months: 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 Lumbar and Thoracic (Acute and Chronic) July 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. Therefore, the request is not medically necessary and appropriate.

Bilateral Permanent Lumbar Facet Injection L3-4, L4-5 and L5-S1 (AKA radiofrequency ablation) with each additional level, fluoroscopic guidance, and IV sedation: 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 - Lumbar and Thoracic (Acute and Chronic) July 2015.

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) Facet joint Radiofrequency neurotomy, pages 420-422.

Decision rationale: The patient has undergone previous medial branch blocks now with request for repeating facet and performing radiofrequency ablation. Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-

articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in-patient who may exhibit radicular symptoms or is without defined imaging correlation nor are they recommended over 2 joint levels concurrently (L3, L4, L5, S1) as requested here. Submitted reports have not demonstrated support outside guidelines criteria. Previous medial branch blocks are noted to provide significant help; however, relief was for 1.5 days without objective clinical findings of pain relief in terms of reduction in prescription dosage, medical utilization or an increase in ADLs and function demonstrated to repeat procedures for this chronic injury. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, there is no provision of imaging identifying severe facet arthropathy. Guidelines criteria for repeating the procedure also includes at least 50% improvement for at least 12 weeks duration, not demonstrated here. Therefore, the request is not medically necessary and appropriate.