

Case Number:	CM15-0180710		
Date Assigned:	09/22/2015	Date of Injury:	10/31/1995
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 46 year old male sustained an industrial injury on 10-31-95. Documentation indicated that the injured worker was receiving treatment for chronic low back and neck pain with lumbar degenerative disc disease, lumbar post laminectomy syndrome, cervical post laminectomy syndrome, cervical spine radiculitis and myofascial pain syndrome. Previous treatment included cervical and lumbar spine surgeries, lumbar epidural steroid injections, cervical radiofrequency ablations, trigger point injections and medications. In a PR-2 dated 5-27-15, the injured worker complained of back and neck pain with occasional numbness of the right hand, rated 6 out of 10 on the visual analog scale. The physician stated that radiofrequency ablation of C7 and T1 in 2012 provided 75% relief of neck pain for about 6 months and continued as 50% for over one year. The physician also stated that the injured worker was compliant with home exercise and continued working despite pain. In a PR-2 dated 7-29-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities and neck pain with occasional numbness of the right hand. The injured worker rated his pain 5 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation, tight muscle bands and trigger points bilaterally, with facet tenderness from L2-L5 bilaterally and positive lumbar facet loading. The treatment plan included cervical medial branch radiofrequency ablation at bilateral C7 and T1, gym membership for a water program, massages therapy and computed tomography of the lumbar spine and cervical spine. On 9-2-15, Utilization Review noncertified a request for a gym membership (unspecified) and cervical RFA (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (unspecified): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership.

Decision rationale: The patient presents with low back pain and cervical pain. The request is for GYM MEMBERSHIP (UNSPECIFIED). The request for authorization is not provided. Physical examination of the lumbar spine reveals on palpation, paravertebral muscles, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both the sides. Facet tenderness is noted on bilateral L2, L3, L4, and L5. Lumbar facet loading is positive. Patient's medications include Norco, Zanaflex, Zipsor, Hysingla, Cymbalta, Amlodipine, Lansoprazole, Losartan, Modafinil, Senokot, Simvastatin, Tamsulosin, Viagra, and Zolpidem. Per progress report dated 10/01/15, the patient is P&S/MMI. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Per progress report dated 10/01/15, treater's reason for the request is "Pt settled case with future medical that included annual gym membership. Pt uses gym membership specifically for aquatic therapy and swimming. Pt has difficulty with land based exercise ever since his initial injury and following surgeries." In this case, although treater mentions that the patient has difficulty with land-based exercise, there is no discussion or explanation as to why the patient cannot participate in traditional weight-bearing exercises. There is no discussion regarding the need for specialized equipment, nor documentation of specific objective and subjective outcomes with regards to the gym membership, either. In addition, there is no indication that a medical professional, as required by ODG will supervise the exercise regimen. Furthermore, the request does not specify duration. MTUS does not support open-ended requests. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Cervical RFA (unspecified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with low back pain and cervical pain. The request is for CERVICAL RFA (UNSPECIFIED). The request for authorization for RIGHT C7, T1 Medial Branch Block Neurotomy is dated 08/06/15. Patient's medications include Norco, Zanaflex, Zipsor, Hysingla, Cymbalta, Amlodipine, Lansoprazole, Losartan, Modafinil, Senokot, Simvastatin, Tamsulosin, Viagra, and Zolpidem. Per progress report dated 10/01/15, the patient is P&S/MMI. ODG Guidelines, Neck and Upper Back Chapter, under Facet joint radiofrequency neurotomy Section states, "Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be 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." Per progress report dated 09/22/15, treater's reason for the request is "His MRI from Feb 2012 show moderate degenerative disc disease at C6-7 and disc osteophytic ridging and uncovertebral joint arthrosis bilaterally. He has clear facet mediated pain on physical exam. He had a tremendous response to radiofrequency ablation of C7 and T1 in 2012, which provided 75% relief of neck pains for about 6 months which continued as > 50% for over one year." Physical examination of the cervical spine reveals facet tenderness is noted on the RIGHT C7, T1. Spurling's maneuver, on the RIGHT side, causes pain in the muscles of the neck but no radicular symptoms. Given the documentation of efficacy of the prior radiofrequency ablation, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Massage (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The patient presents with low back pain and cervical pain. The request is for MASSAGE (UNSPECIFIED). The request for authorization is not provided. Physical examination of the lumbar spine reveals on palpation, paravertebral muscles, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both the sides. Facet tenderness is noted on bilateral L2, L3, L4, and L5. Lumbar facet loading is positive. Physical examination of the cervical spine reveals facet

tenderness is noted on the RIGHT C7, T1. Spurling's maneuver, on the RIGHT side, causes pain in the muscles of the neck but no radicular symptoms. Patient's medications include Norco, Zanaflex, Zipsor, Hysingla, Cymbalta, Amlodipine, Lansoprazole, Losartan, Modafinil, Senokot, Simvastatin, Tamsulosin, Viagra, and Zolpidem. Per progress report dated 10/01/15, the patient is P&S/MMI. MTUS Guidelines, Massage therapy Section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Treater does not discuss the request. Given the patient's condition, a course of massage therapy would appear to be indicated. Review of provided medical records show no evidence of prior massage therapy treatment. However, the request for unspecified open-ended sessions of Massage Therapy is not supported by MTUS guidelines. Therefore, the request IS NOT medically necessary.