

<b>Case Number:</b>	CM15-0192999		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/05/2007
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Orthopedic Surgery

### 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 female who sustained an industrial injury on March 05, 2007. A recent primary treating office visit dated September 02, 2015 reported subjective complaint of low back pain with radiating pain and numbness down the left leg to foot and through the back of foot. She reports swelling in the left ankle, laying down decreases the pain. There is note of pending neurology consultation, raised toilet seat installment, and occupational sessions. There was recent denial to undergo MRI of lumbar and thoracic spine, aquatic therapy, rhizotomy, spinal cord stimulator trial and pre-operative clearance. Previous treatment to include: activity modification, medications, physical therapy, and ultimately lumbar fusion February 2008. Current medication regimen consisted of: medical Marijuana edibles with significant relief and note of no trial of OTC agents. Current complaints listed: low back with increased pain, numbness, and pins and needles that radiates down left leg to foot. She is unable to sleep more than 2-4 hours nightly. There is also complaint of left lower extremity pain that has become more frequent. The following diagnoses were applied to this visit: facet arthropathy of lumbar spine and chronic pain. The plan of care is with requested recommendation continued for lumbar rhizotomy left L3-4 and L4-5; continued request and recommendation for aquatic therapy with gym membership; additional physical therapy session, and proceed with neurology consultation. A follow up visit date April 06, 2015 reported subjective complaint of "low back pain and left lower extremity pain." Current medications: Naproxen, Orphenadrine, Topamax, Omeprazole, Lyrica, Elavil, Gabapentin, although the worker states "not taking any medications and with dramatic decrease in mood swings, decreased blood glucose and prefers not to take

medications." The plan of care is with recommendation for spinal cord stimulator trial, pre-operative clearance, in home care evaluation, and follow up visit. On September 21, 2015, a request was made for two left sided lumbar Rhizotomies at L3-4 and L4-5; gym membership 6 months for aquatic therapy and DME lumbar spine orthotic brace that were denied by Utilization review on September 28, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar rhizotomy, Left 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: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet Joint Diagnostic Blocks (injections).

**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, Facet joint radiofrequency neurotomy.

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 4/6/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the request is not medically necessary.

#### **Lumbar rhizotomy, Left L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet Joint Diagnostic Blocks (injections).

**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, Facet joint radiofrequency neurotomy.

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 4/6/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the request is not medically necessary.

#### **Gym membership with aquatic therapy, 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: 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) Low back, Gym membership.

**Decision rationale:** The CA MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the Official Disability Guidelines Low Back Chapter, Gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In this case, there is lack of evidence from the exam note of 4/6/15 that the claimant cannot perform a home based exercise program. Therefore, the request is not medically necessary.

**LSO (lumbosacral) brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The CA MTUS/ACOEM guidelines, Chapter 12 states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request does not meet recommended guidelines. Therefore, the request is not medically necessary.