

Case Number:	CM15-0197958		
Date Assigned:	10/13/2015	Date of Injury:	05/22/2014
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 43 year old male, who sustained an industrial-work injury on 5-22-14. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar disc disease, lumbar facet syndrome, bilateral sacroiliac joint sprain-strain, and posterior annular tear at L5-S1 per MRI (magnetic resonance imaging) scan. Treatment to date has included medication, medial branch block with 80% to 90% relief for two days, and diagnostics. Currently, the injured worker complains of low back pain rated 8 out of 10. Pain is described as decreased, sharp, and shooting with occasional pinching to the legs. Medication includes Hydrocodone. Per the primary physician's progress report (PR-2) on 8-21-15, exam noted wide based gait, heel-toe walk was difficult secondary to back pain, moderate facet tenderness at L3-S1, positive sacroiliac testing bilaterally, positive Kemp's and Farfan tests bilaterally, and restricted range of motion. The Request for Authorization requested service to include 1 bilateral L3-L5 medial branch facet joint rhizotomy/neurolysis and 1 hot/cold contrast system. The Utilization Review on 9-18-15 denied the request for 1 bilateral L3-L5 medial branch facet joint rhizotomy/neurolysis and 1 hot/cold contrast system, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low back Complaints 2004; Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) : Facet joint radiofrequency neurotomy (updated 07/17/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L3-L5 medial branch facet joint rhizotomy/neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint radiofrequency neurotomy (updated 07/17/2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guidelines Up to Date, Sub acute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch therapeutic blocks. ODG recommends criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The medical records do not meet the above guidelines with the documented radicular symptoms the patient did have 80% improvement but not for at least 6 weeks at this time, only 4. ACOEM does not recommend Diagnostic Blocks. Similarly, Up to Date states "Facet joint injection and medial branch block. Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use." As such, the request for 1 bilateral L3-L5 medial branch facet joint rhizotomy/neurolysis is not medically necessary at this time.

1 hot/cold contrast system: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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 and Thoracic), Lumbar Support and Other Medical Treatment Guidelines <http://www.deroyal.com/medicalproducts/orthopedics/product.aspx?id=pc-temptherapy-coldtherunit>.

Decision rationale: MTUS is silent on the use of cold therapy units. ODG for heat/cold packs states "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap

therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007)" The use of devices that circulate a cooled solution via a refrigeration machine have not been shown to provide a significant benefit over ice packs. Also, they are indicated for acute conditions which this patient is beyond. As such the request for 1 hot/cold contrast system is not medically necessary.