

Case Number:	CM15-0028664		
Date Assigned:	02/20/2015	Date of Injury:	03/13/1991
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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 72 year old male sustained an industrial injury on 3/13/91, with subsequent ongoing back pain. Treatment included home exercise, medications, caudal epidural injection, and facet injections. In a PR-2 dated 1/14/15, the injured worker complained of moderate to severe low back pain. The injured worker reported that he achieved greater than 70% relief of pain from a facet injection on 4/18/14 for approximately nine months. The injured worker also reported using a health rider four times a week for the last twenty years that he could no longer get parts for. The injured worker also reported daily swimming to maintain spinal conditioning. Physical exam was remarkable for lumbar spine with tenderness to palpation at bilateral L5-S1 facets with decreased range of motion. Current diagnoses included lumbar spondylosis and degeneration lumbar disk. The treatment plan included a bilateral lumbar facet injection and Health Rider replacement. On 1/21/15, Utilization Review noncertified a request for Health rider Replacement and Repeat Bilateral Lumbar Facet injections with Fluoroscopy L5-S1 citing ACOEM and ODG guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Health rider Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise Equipment, page 303

Decision rationale: Per ODG guidelines, a Durable Medical Equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME); however, Medicare does not cover most of these items or exercise equipment for the fully mobile and independent adult as in this case. Submitted reports have not adequately demonstrated the medical indication for the purchase of a stationary bike for a patient with independent ambulatory mobility, nonprogressive neurological findings, previously instructed home exercise program, without any specifically defined limitations in ADLs to support this DME. The Health rider Replacement is not medically necessary and appropriate.

Repeat Bilateral Lumbar Facet injections with Fluoroscopy L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per Guidelines, facet blocks are not recommended to be repeated and only serves as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Repeat Bilateral Lumbar Facet injections with Fluoroscopy L5-S1 is not medically necessary and appropriate.

Follow up after the injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per Guidelines, facet blocks are not recommended to be repeated and only serves as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one

therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. As the Repeat Bilateral Lumbar Facet injections with Fluoroscopy L5-S1 is not medically necessary and appropriate; thereby, the Follow up after the injections is not medically necessary and appropriate.