

Case Number:	CM15-0057280		
Date Assigned:	04/02/2015	Date of Injury:	06/14/2010
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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, Pain Management

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 61 year old male, who sustained an industrial injury on 6/14/10. The injured worker was diagnosed as having backache, lumbar degenerative joint disease and lumbar degenerative disc disease. Treatment to date has included oral medications including narcotics, lumbar epidural steroid injection, aqua therapy and home exercise program. Currently, the injured worker complains of low back pain, unchanged since previous visit and improved significantly with medications. Upon physical exam, range of motion of lumbar spine is restricted and tenderness is noted on palpation of paravertebral muscles with hypertonicity, tenderness and tight muscle band is noted on both sides and lumbar facet loading is positive on both sides. The treatment plan included TENS unit for low back, 6 further sessions of aqua therapy, lumbar radio frequency ablation and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 1 Time A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 98-99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records indicate that the patient has had previous aquatic therapy of 6 sessions with subjective benefits. However, there is no comprehensive summary of the functional benefit of such aquatic therapy. There are no signs of reduction in pain scale, medication intake, or improvement in work status in the submitted documentations. The physical medicine guidelines of the MTUS specified that future therapy is contingent on demonstration of functional benefit from prior therapy. Therefore, this request is not medically necessary.

Lumbar Radiofrequency Ablation (L3,L4, L5): Upheld

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

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), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for repeat lumbar radiofrequency ablation (RFA), guidelines state while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is 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. Within the submitted documentation, the patient has had lumbar RFA in 10/2013 with 50% pain relief for at least 3 months; however, this result was not sustainable to the 6 months duration that is recommended by guidelines. As such, the currently requested repeat lumbar radiofrequency ablation is not medically necessary.