

Case Number:	CM14-0166771		
Date Assigned:	10/14/2014	Date of Injury:	04/12/2012
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 39 year old male with complaints of low back pain and leg pain. The date of injury is 4/12/12 and the mechanism of injury is lifting injury lifting a heavy object leading to his current symptoms. At the time of request for the following: 1. Medial Branch Block, bilateral L3-4, quantity one 2. Medial Branch Block, bilateral L4-5, quantity one 3. Gym membership (months), quantity six 4. Cyclobenzaprine, 7.5mg quantity 60, there is subjective (low back pain, leg pain) and objective (restricted range of motion lumbar spine, tenderness to palpation lumbar spine) findings, imaging findings (MRI lumbar spine 1/24/14 shows disc displacement L4-5, L2-3 disc desiccation/displacement), diagnoses (lumbosacral sprain/strain, lumbosacral neuritis, lumbar radiculitis, myofascial pain, lumbar radiculopathy, ITB syndrome) and treatment to date (epidural steroids, intra-facet injections, medications, physical therapy). Serial therapeutic facet injections, either intra-articular or medial branch blocks, are not recommended. However, a diagnostic medial branch block(s) confirming a diagnosis of facet related low back pain followed by thermal radiofrequency medial branch neurotomy is supported together with a comprehensive treatment plan. While an individual 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, bilateral L3-L4, quantity one: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated 05/29/12

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar&Thoracic(Acute&Chronic), Facet joint medial branch blocks (therapeutic injections)

Decision rationale: Per MTUS-ACOEM and ODG guidelines, serial therapeutic facet injections, either intra-articular or medial branch blocks, are not recommended. However, a diagnostic medial branch block(s) confirming a diagnosis of facet related low back pain followed by thermal radiofrequency medial branch neurotomy is supported together with a comprehensive treatment plan. Therefore, the request is not medically necessary.

Medial branch block, bilateral L4-L5, quantity one: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated 05/29/12

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar&Thoracic(Acute&Chronic), Facet medial branch blocks(therapeutic injections)

Decision rationale: Per MTUS-ACOEM and ODG guidelines, serial therapeutic facet injections, either intra-articular or medial branch blocks, are not recommended. However, a diagnostic medial branch block(s) confirming a diagnosis of facet related low back pain followed by thermal radiofrequency medial branch neurotomy is supported together with a comprehensive treatment plan. Therefore, the request is not medically necessary.

Gym membership (months), quantity 6: 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), Low Back - Lumbar & Thoracic Spine (Acute & Chronic)

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), Gym Memberships

Decision rationale: 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As there is no specific documentation as to the reason for a gym membership, the request is not medically necessary per ODG.

Cyclobenzaprine 7.5mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Unfortunately, the documentation supplied does not support the requested treatment. Therefore, this request is not medically necessary.