

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, and right knee pain reportedly associated with an industrial injury of May 5, 2009.

Ancillary diagnoses also include hypertension, gastrointestinal problems, urinary dysfunction, and unspecified neurological problems.

Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery; spinal cord stimulator; transfer of care to and from various providers and various specialties; psychotropic medications; unspecified numbers of epidural steroid injections; prior facet joint blocks; prior sacroiliac joint blocks; extensive periods of time off of work, on total temporary disability; and a CT of lumbar spine with contrast of July 26, 2013, notable for mild facet hypertrophy at L4-L5 and L5-S1 with a nerve stimulator in place at T12-L1.

In a Utilization Review Report of August 26, 2013, the claims administrator denied a request for a multilevel medial branch blocks, ongoing pain management visits, home healthcare and a repeat CT myelogram.

The applicant's attorney later appealed, on August 27, 2013.

In a qualified medical evaluation report of September 19, 2013, the qualified medical evaluator performs the comprehensive review of the records. It is noted that the applicant has undergone multiple prior facet joint injections, including on August 3, 2007 and August 7, 2007. The applicant underwent radiofrequency ablation procedure on August 14, 2007. The applicant also underwent medial branch blocks on February 14, 2008 and March 6, 2008. Further radiofrequency ablation procedures were performed on June 10, 2008. The applicant has had

multiple other injections over the life of the claim. It is stated that the applicant is off of work and has not worked since May 5, 2009. The applicant is given permanent work restrictions.

An earlier note of July 18, 2013, is notable for comments that the applicant presents with chronic low back pain. He is using Norco eight tablets a day, Cymbalta twice daily, Lyrica thrice daily. It is stated that epidural steroid injection therapy is sought, as is CT myelography.

On March 27, 2013, the attending provider requested home health assessment/home health aid. No rationale was provided. No specific services were requested. On February 20, 2013, the attending provider stated that the applicant was having difficulty with daily activities such as bathing and feeding himself as he was using a walker to move about. The applicant's daughter apparently has to return to college and is no longer able to assist with these services.

IMR DECISION(S) AND RATIONALE(S)

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

1. Medial branch block at L3-4, L4-5 and L5-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, page 300, which is part of the MTUS and the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Physical Methods, page 300, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in MTUS-Adopted ACOEM Guidelines in Chapter 12, there is not quality literature supporting the presence of radiofrequency neurotomy procedures, and/or facet joint block procedures. In this case, the applicant has had multiple prior facet joint blocks. There is no evidence of any functional improvement effected through prior radiofrequency neurotomy procedures, radiofrequency ablation procedures, and/or prior medial branch blocks, all of which the applicant has had over the course of the claim. Continued pursuit of a previously tried and failed treatment is not indicated. The fact that the applicant remains off of work, several years removed from the date of injury, and continues to use numerous analgesics and adjuvant medications implies a lack of functional improvement as defined in section 9792.20f. Therefore, proposed multilevel medial branch blocks are not certified.

2. Ongoing pain management is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Follow-up visits, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

While the MTUS– adopted ACOEM Guidelines in Chapter 12 do endorse more frequent follow-up visits in those applicants who are not working, as is apparently the case here, in this case, the

quantity, duration, and/or frequency of followup visits was not clearly stated or clearly specified. It is unclear whether the attending provider is seeking one followup visit with a pain management physician or multiple follow-up visits with pain management physicians or interventional procedures with said pain management physician. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

3. Home Health Assistant 4 hours a day for 4 days a week is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home health services, page 51, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are limited to that needed to provide medically necessary services such as IV fluid infusions, IV antibiotics, and wound care for those individuals who are home bound and unable to obtain outpatient services. In this case, however, the attending provider is seeking home health services for the purpose of providing assistance with activities of daily living such as feeding, cooking, and bathing. Per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, however, these services are not covered. Therefore, the original Utilization review decision is upheld. The request remains noncertified, on Independent Medical Review.

4. Repeat CT Myelogram is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, which is part of the MTUS and the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Summary of Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, page 309, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS–Adopted ACOEM Guidelines in Chapter 12, Table 12–8 suggest that myelography or CT myelography can be considered optional for preoperative planning purposes in individuals in whom MRI imaging is unavailable. In this case, however, the applicant already had recent CT scanning with contrast in July 2013. This was nondiagnostic or negative. It is unclear why repeat CT scanning is being sought. It is further noted that the attending provider has not provided any clear or compelling rationale for the proposed CT myelogram here. Given lack of a clear rationale and the “optional” ACOEM recommendation, the original Utilization review decision is upheld. Their request remains noncertified, on Independent Medical Review.

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[REDACTED]

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