

<b>Case Number:</b>	CM13-0017625		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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. 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:

The patient is a 53-year-old male who reported an injury on 08/27/2011. The patient has had ongoing subjective complaints of left-sided neck pain with radiating pain down the arm. He also complains of low back pain radiating down to the bilateral extremities. These are accompanied by numbness and tingling in the extremities, and to note, the patient is currently undergoing chiropractic treatments for the neck and low back pain as of 07/30/2013. It stated that the treatments have improved the pain, and he is able to stand for longer periods of time. The mechanism of injury is unclear, but the patient is now requesting a facet block at L4-5 and L5-S1, consultation with pain management for the facet block, and 4 sessions of chiropractic manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) diagnostic facet block at L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309.

**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 Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** Regarding the request for one (1) diagnostic facet block at L4-5 and L5-S1, Official Disability Guidelines have been referred to in this case. Under Official Disability Guidelines it states that criteria for diagnostic facet joint blocks consist of a patient must have low back pain that is nonradicular and there is documentation of failure of conservative treatment to include home exercise, PT, and NSAIDS (prior to the procedure for at least 4 to 6 weeks). The documentation noted that the patient has signs of radiculopathy to include numbness and tingling in the extremities, as well as general pain radiating down the bilateral lower extremities. Furthermore, there is no documentation stating the patient had tried and failed conservative treatment for at least 4 to 6 weeks prior to the procedure. The documentation notes the patient has undergone chiropractic treatments; however, there is no objective information pertaining to the effectiveness of this treatment. Furthermore, the number of sessions is unknown pertaining to how many therapy sessions the patient has completed to date. Overall, there is a lack of documentation pertaining to the patient's overall physical status at this time. Much of the documentation submitted for review is of poor quality and illegible, as well as lacking sufficient information pertaining to the patient's pain status and functional ability. Therefore, in regards to the requested service for a diagnostic facet block at L4-5 and L5-S1, the medical necessity cannot be established at this time. As such, the requested service is non-certified.

**One (1) consultation with pain management for facet block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restorations programs Page(s): 30-34.

**Decision rationale:** Under California MTUS Guidelines, the criteria for the general use of multidisciplinary pain management programs, it states that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. It also states that the patient has a significant loss of ability to function independently resulting from the chronic pain, and the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). The documentation does not supply a thorough overview of the patient's current physical pathology. There is a lack of objective measurements pertaining to the patient's previous treatment modalities, to further provide information on the efficacy of the therapy to date. Therefore, at this time, a consultation with a pain management specialist for a facet block cannot be considered medically necessary. As such, the requested service is non-certified.

**Four (4) chiropractic manipulation sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Under California MTUS Guidelines it states that manual therapy manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Patients are allowed a therapeutic trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks. The documentation notes the patient has already undergone chiropractic treatments. However, there is a lack of objective functional improvement; it is also unknown how many complete sessions the patient has participated in to date. Therefore, at this time, without having information pertaining to the effectiveness of the prior chiropractic treatments, and without having the total number of sessions the patient has completed, the request for an additional 4 sessions of chiropractic manipulation cannot be approved at this time. As such, the requested service is non-certified.