

Case Number:	CM13-0022762		
Date Assigned:	12/27/2013	Date of Injury:	02/20/1990
Decision Date:	02/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal Medicine - Pulmonary Diseases 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. 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 54-year-old female who reported an injury on 02/20/1990 due to repetitive trauma. The patient developed neck and low back pain with right knee pain. Previous treatments included carpal tunnel release surgery, medications, physical therapy. The patient's most recent clinical examination findings included decreased range of motion of the cervical and lumbar spine with pain in all planes of motion, decreased sensation in the C5, C8, and S1 dermatomes with decreased motor strength in the bilateral lower extremities, and decreased motor strength in the bilateral upper extremities. The patient's diagnoses included cervical radiculopathy, lumbar radiculopathy, bilateral shoulder arthralgia, bilateral knee arthralgia, bilateral wrist arthralgia, multilevel cervical bilateral neural foraminal narrowing, central canal stenosis, multilevel disc bulges, multilevel lumbar disc degeneration with facet arthropathy, and multilevel neural foraminal narrowing. The patient's treatment plan included a medial branch block at the L3-4, an internal medicine consultation to evaluate gastrointestinal upset, a 30 day trial of a TENS unit, and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block, L3-L4, bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 181, 183.

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 Injections, Diagnostic

Decision rationale: The requested Lumbar Medial Branch Block, L3-L4, bilateral is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient has facet mediated pain. Official Disability Guidelines recommend medial branch blocks when there is documentation of facet mediated pain. Additionally, medial branch blocks are not recommended for patients who have radicular symptoms. The clinical documentation submitted for review does provide evidence that the patient has radiculopathy. As such, the requested Lumbar Medial Branch Block, L3-L4 bilateral, is not medically necessary or appropriate.

Internal Medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page 163

Decision rationale: The requested internal medicine consultation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the requested consultation is to evaluate the patient's occasional gastrointestinal upset. American College of Occupational and Environmental Medicine recommends specialty consultations when additional expertise will assist in treatment planning for a patient with a complicated diagnosis. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line treatments to manage the patient's symptoms. Therefore, the additional expertise of a specialty consultation would not be supported. As such, the requested Internal Medicine consultation is not medically necessary or appropriate.

Chiropractic additional 8 visits 2 times a week for 4 weeks for cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The requested Chiropractic additional 8 visits, 2 times a week for 4 weeks for cervical spine and lumbar spine, are not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of functional benefit as a result of the prior chiropractic treatments. California Medical Treatment Utilization Schedule

recommends continuation of chiropractic care be based on documentation of functional improvement. Additionally, the clinical documentation does not clearly identify the number of previous visits provided to the patient. Therefore, the number of additional therapy visits cannot be determined. As such, the requested Chiropractic additional 8 visits 2 times a week for 4 weeks for cervical spine and lumbar spine are not medically necessary or appropriate.