

<b>Case Number:</b>	CM13-0059064		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine & Rehabilitation 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 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:

The underlying date of injury in this case is 07/31/2007. The patient's diagnosis is low back pain with a history of a lumbar fusion at L4-5 and L5-S1 and subsequent hardware removal and revision decompression. On 11/13/2013, the patient was seen in follow up by her primary treating physician and was noted to have persistent low back pain at 6-7/10 as well as bilateral lower extremity weakness. Her symptoms were consistent with sitting or driving and with more consistent flares of symptoms. She was felt to have a lumbar postlaminectomy syndrome with facet syndrome and lumbar disc disorder. Medial branch blocks were requested above the level of the prior fusion, and chiropractic treatment was recommended to address persistent flares of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3, L4 MEDIAL BRANCH BLOCK:** 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 Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The ACOEM Guidelines state that invasive techniques in the low back are of questionable merit. Moreover, a medial branch block would be a diagnostic procedure for proposed facet-mediated pain. The medical records at this time document radicular symptoms, and thus it does not appear that this patient has predominantly facet-mediated pain. For these reasons, the medical records and guidelines do not support the requested medial branch block treatment. This treatment is not medically necessary.

**CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE, TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS:** 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.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend consideration of manual therapy and manipulation for chronic pain caused by musculoskeletal conditions. This guideline recommends an initial trial of six visits for the low back and does not recommend such treatment for elective or maintenance care. The request for 12 visits exceeds the treatment guidelines. Moreover, given the chronicity of this case, this appears to be maintenance treatment. For these reasons, this request for chiropractic treatment is not medically necessary.