

Case Number:	CM13-0065761		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2013
Decision Date:	06/13/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 patient is a 54 year old male who was injured on 04/15/2013. Mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine dated 06/03/2013 demonstrating disc degeneration with small posterior disc protrusion and broad based disc bulge from L3-4 to L5-S1. The disc protrusion/bulge effaces the L4-5 left axillary recess, potentially impinging on the left L5 nerve root. Mild bilateral L5-S1 foraminal narrowing; L5 nerve roots appear to exit freely. Electrodiagnostic study dated 10/19/2013 which shows mild abnormalities consistent with a possible bilateral L5, potentially even an S1 radicular picture. Progress note dated 11/14/2013 documented the patient to have no significant changes symptomatically, though he does get some help with oral medications. He does note prior injection of 10/01/2013 did not help even temporarily and particularly with his achy pain, though perhaps a little with leg pain. Plan: refractory to home exercises as well as the meds, though they do help partially. Progress note dated 12/06/2013 documented the patient reports a pain level of 9/10 in the back radiating down to the left lower extremity with sharpness and burning. Objective findings on exam included lumbar standing greatest pain on lumbar extension more so than flexion, thought really more to the right side but also centrally. Straight leg raising test is negative along the right and left, essentially. Forced hip twisting is more painful internally than externally when performed on right. Palpable spasm and tenderness over the facet joints on the right side. Strength is fairly symmetric. Current medications are as follows: 1. Tramadol 50 mg tablet 2. Nabumetone 750 mg 3. Topamax 50 mg 4. Pantoprazole 20 mg 5. Ondansetron 8 mg 6. Tramadol ER 150 mg Diagnoses: 1. Lumbar strain or sprain 2. Lumbosacral radiculopathy 3. Facet syndrome 4. Chronic pain syndrome Discussion: Patient has continuing pain in low back inadequately improved over time and a number of treatments have been denied. On 11/27/13 UR

recommended to non-certify the request for Chiro x 8 for the low back. Recommendation was made to modify to allow facet blocks at two levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 8 VISITS LOW BACK:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation, Low Back Page(s): 58 of 127.

Decision rationale: Initial clinic evaluation report dated 07/29/2013- a request for a second opinion PT for a good home program was made as the current PT was pretty minimal. Peer review dated 08/19/2013 authorized the request for a second opinion evaluation for a physical therapy for instruction in an independent home exercise program and to address the lingering functional deficits with consideration for possible reinitiation of PT, if found to be necessary. Peer review dated 11/27/2013 denied chiropractic consult and authorized for a second PT as of 09/04/2013, despite getting an authorization on 08/19/2013. Recent visit notes 11/14/2013 and 12/06/2013, do not mention if patient underwent a second PT evaluation or if the patient remained refractory to PT sessions. Hence, based on the fact that the patient was authorized for a PT second opinion evaluation on 08/19/2013 and on 11/27/2013 and the fact it was not clear if he underwent an evaluation, a referral for chiropractic therapy is not medically supported at this time.

LUMBAR FACET BLOCK RIGHT L2-3, L3-4, AND L5-S1:: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation ODG TWC 2013: Low Back Chapter.

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: Peer review dated 11/27/2013- Lumbar Facet Block Right L2-L3,L3-L4, and L5-S1 was modified to allow lumbar facet blocks on the right at 2 facet joint levels ONLY at the treating physician's discretion. This was based on the recommendations from ODG. The guidelines states that no more than one set of medical branch diagnostic blocks prior to facet neurotomy; if neurotomy is considered as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipating that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines also indicate that facet joint medical branch blocks (therapeutic injections) are not recommended based on minimal evidence for treatment. The facet joint medical branch blocks are to be used as a diagnostic tool only.

