

Case Number:	CM13-0072116		
Date Assigned:	01/17/2014	Date of Injury:	06/30/2004
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is an employee of [REDACTED] and has submitted a claim for back pain with an industrial injury date of June 30, 2004. Treatment to date has included medications; lumbar epidural injection, which provided 6 months of relief; an unknown number of physical therapy sessions, which was reported to provide good relief; an unknown number of chiropractic treatments, which provided good relief for 2 years; and home exercises. Utilization review from December 18, 2013 denied the request for chiropractic treatments x 12 sessions and physical therapy 2-3 x 6 weeks to low back because the objective gains from prior chiropractic treatment and physical therapy were not specified in the records. The review also denied the request for medial branch blocks at right L3-S1 because the request exceeded the number of levels recommended for treatment per session. Medical records from 2011 to 2013 were reviewed, which showed that the patient complained of back pain rated 7/10. On physical examination of the lumbar spine, there was restricted range of motion, paravertebral muscle tenderness, tight muscle band, and trigger point. Lumbar facet loading test was positive while straight leg raising test was negative. Neurologic examination was essentially normal. A special report dated December 30, 2013 addressed the utilization review that denied the request for medial branch blocks at the right L3-S1 levels. The special report indicated that the requested procedure is warranted for the patient's maximum medical improvement. It also stated that only two facet joints would be covered, which is L3-4 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS X 12 SESSIONS: Upheld

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

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

Decision rationale: According to page 58 of the Chronic Pain Medical Treatment Guidelines, a total of 18 visits are supported with evidence of objective functional improvement with previous treatment. In this case, the specified body part to be subjected to chiropractic treatment was not indicated in this request. Moreover, objective evidence of functional improvement with prior chiropractic treatment was not indicated in the medical records. In addition, Chronic Pain Guidelines state that elective/maintenance care is not medically necessary. Therefore, the request for chiropractic treatment x 12 sessions is not medically necessary.

MEDIAL BRANCH BLOCKS AT RIGHT L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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.

Decision rationale: CA MTUS does not specifically address medial branch blocks but according to the Low Back Chapter of ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; documented failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than two joint levels are injected in one session. In this case, although a special report addressed that only two joint levels were to be injected; still there remains no documentation regarding failure of conservative treatment. The medical reports showed that good relief was achieved after physical therapy and chiropractic treatment. Therefore, the request for medial branch blocks at right L3-S1 is not medically necessary.

PHYSICAL THERAPY 2-3 X 6 WEEKS TO LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, there should be a time-limited plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit

of treatment is paramount. In this case, there was no objective evidence of functional improvement after prior physical therapy sessions. Furthermore, functional goals were not defined and monitoring of the patient's progress after physical therapy was not specified in the medical records. Therefore, the request for physical therapy 2-3 x 6 weeks to low back is not medically necessary.