

<b>Case Number:</b>	CM13-0072151		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/12/1990
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery 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 64 year old male who was injured on 01/12/1990. The mechanism of injury is unknown. Prior treatment history has included physical therapy, home exercise program, chiropractic therapy, aquatic therapy, and stretching routines. His medications included MS Contin 30 mg b.i.d.; Lyrica 150 mg three times a day; and Cymbalta 60 mg b.i.d. Final Determination Letter for IMR Case Number [REDACTED] dated 11/26/2013 states the patient presents for follow-up with ongoing low back pain, which he rates at 8-9/10. He states the majority of his pain is in his low back and describes it as stabbing, aching, and throbbing. He denies any bilateral lower extremity symptoms other than occasional radiation to the back of his thighs. He has completed a couple of sessions of aquatic therapy with substantial relief; however, the patient has not been able to complete aquatic therapy due to increased pain. He completed a home exercise program and stretching routine as well. Objective findings on exam revealed an antalgic gait with the use of a single-point cane. There is tenderness to palpation in the lumbar spine. Range of motion of the lumbar spine is decreased in all planes. There is positive lumbar spine paravertebral muscle spasm, right greater than left; and positive facet loading on the right greater than left L1-L2, L2-L3, L3-L4 facets. Straight leg raise creates back pain only bilaterally. Sensation is intact to bilateral lower extremities. Motor exam is 5-/5 in the bilateral lower extremities. Diagnoses are status post lumbar fusion L4-L5, L5-S1 with adjacent level syndrome; facet arthropathy in the bilateral L2-3, L3-4 facets; chronic pain syndrome and myofascial pain syndrome. Treatment and plan is chiropractic physical therapy twice a week for 4 weeks for the lumbar spine has been requested for strengthening and conditioning with [REDACTED] as previous sessions have provided substantial relief and increasing his activities of daily living such as walking, cleaning, and cooking. The patient has an acute flare-up after increasing his exercise regimen at home and previous sessions allowed him to return his pain level to baseline;

a medial branch block on the right L2-L3, and L3-L4 facets for diagnostic purposes. The patient is an excellent candidate for this procedure due to the absence of bilateral lower extremity radicular complaints and positive facet loading on the right L1-L2, L2-L3, and L3-L4 facets. The patient has never had a medial branch block in the past.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MEDIAL BRANCH BLOCK L2-L3, L3-L4 FACETS X 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , LOW BACK SUPPORTS FACET INJECTIONS FOR NON-RADICULAR FACET MEDIATED PAIN, 300.

**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 - LUMBAR & THORACIC (ACUTE AND CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

**Decision rationale:** CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, medial branch block is recommended if clinical presentation should be consistent with facet joint pain, and signs & symptoms. In this case, this patient has chronic non-radicular lower back pain. Treatment history includes physical therapy, chiropractic treatment, aquatic therapy, home exercise program, and medications. On physical exam, there is documentation of facet loading on the right greater than left at L1-2, L2-3, and L3-4 facets. There is no documentation of prior fusion at the proposed levels at L2-3 and L3-4. The patient was diagnosed with facet arthropathy in the bilateral L2-3 and L3-4 facets. Thus, the medical necessity has been established for medial branch block at L2-3 and L3-4 facet joints; however, the request is for 2 medial branch blocks and guidelines recommend one set of diagnostic medial Final Determination Letter for IMR Case Number [REDACTED] branch blocks is required with a response of at least 70%. Thus, the request is not medically necessary and appropriate.

#### **CHIROPRACTIC TREATMENT X 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, PAGES 58-59.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59.

**Decision rationale:** As per CA MTUS chronic pain medical treatment guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. In this case, this patient has chronic lower back pain with an acute flare-up after increasing his exercise regimen at home. The progress report dated 11/26/2013 indicates that previous sessions allowed

him to return his pain level to baseline, but it is unclear the number of sessions completed so far. The request is for chiropractic treatment x8 sessions for lumbar spine for strengthening and conditioning; however, the guidelines recommend if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. As such, the request exceeds the guidelines recommendation and the request for chiropractic treatment x8 sessions is not medically necessary and appropriate.