

Case Number:	CM14-0019969		
Date Assigned:	04/28/2014	Date of Injury:	01/29/2010
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 and 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 01/29/2010. The treating diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, and ongoing neck symptoms. As of the time of a prior physician review, this patient had received 8 sessions of chiropractic treatment and 24 sessions of physical therapy. On 12/16/2013, the patient was seen by her primary treating physician in followup of low back pain. The patient reported that she had been much more active recently, helping her daughter prepare for a wedding. The patient continued to have limitations with her activities. The patient had lost 8 pounds in the last week and had been focusing on weight loss. The treating physician recommended continued chiropractic/physical therapy weekly for 8 weeks to decrease pain and improve function. The treating physician also recommended bilateral medial branch blocks from L5 through S1 given the patient's pain complaints on physical exam and MRI findings of bilateral facet osteoarthritis at L5 through S1. On exam the patient was noted to have positive straight leg raising on the left at 45 degrees with symptoms extending to the knee. Sensation was increased on the left in the L4 and L5 dermatomes. Overall the patient reported symptoms of pain in the lower back radiating to the left lower extremity to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC/PHYSICAL THERAPY, 1 X PER WEEK FOR 8 WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY; PHYSICAL THERAPY / PHYSICAL MEDICINE Page(s): 58; 99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to independent home rehabilitation. This patient has received extensive chiropractic/physical therapy previously and would be anticipated to have transitioned by now to independent home rehabilitation. The medical records do not provide an alternate rationale as to why additional supervised chiropractic/physical therapy would instead be indicated. This request is not medically necessary.

MEDIAL BRANCH BLOCKS TO BILATERAL L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines FACET INJECTIONS.

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

Decision rationale: The ACOEM Guidelines, chapter 12, low back, page 300, state that invasive techniques to the low back such as facet joint injections are of questionable merit. Additional details can be found in the Official Disability Guidelines, Treatment in Workers Compensation, low back, which discusses facet joint diagnostic blocks and states that medial branch blocks should be limited to patients with low back pain which is nonradicular. This patient has pain which is documented as radicular in nature, both by symptoms and by physical examination. Thus, the treatment guidelines in general do not support injections for facet-mediated pain. Additional details from the Official Disability Guidelines specifically indicate that medial branch blocks would not be supported given the radicular nature of the patient's current presentation. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.