

<b>Case Number:</b>	CM14-0164919		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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, has a subspecialty in Interventional Spine 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 33 year old with an injury date on 8/1/13. Patient complains of chronic low lumbar pain with average pain the last week rated 5/10 per 9/23/14 report. Since the last visit, patient had 100% pain relief immediate after facet injections at bilateral L4-5 and L5-S1, was sore for a few days, had the "best two/three days of the last few days, and then pain gradually returned to baseline in the next week per 9/23/14 report. Based on the 9/23/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical s/s with occipital C1 and C1-C2 dysfunction. Right upper thoracic pain likely related to facet joint origin 2. lumbar pain most consistent with facet joint/posterior element pain 3. sacralization of L5 Exam on 9/23/14 showed "L-spine extension still painful. Flexion not as painful. Cervical pain increased with extension/rotation." [REDACTED] is requesting decision for chiropractic cervical and lower back x 6 visits, and decision for referral for pain management for possible RFNA - medial branch block neural ablation. The utilization review determination being challenged is dated 10/3/14 and denies request due to extensive physical therapy/chiropractic treatment without documentation regarding a transition into home exercise program. [REDACTED] is the requesting provider, and he provided treatment reports from 6/23/14 to 9/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Cervical and low back times 6 visits:** Overturned

**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 Treatments Page(s): 58-59.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for decision for chiropractic cervical and lower back x 6 visits on 9/23/14. Review of the reports do not show any evidence of chiropractic therapy being done in the past. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. As this patient has no history of chiropractic treatment, the requested initial trial of 6 chiropractic therapy visits for cervical and lower back seems reasonable and within MTUS guidelines. The request is medically necessary.

**Referral for pain management for possible RFNA-Median Branch block neural ablation:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Radiofrequency Ablation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter: 7, page 127 and on the Official Disability Guidelines (ODG) Hip chapter, for Sacroiliac joint radio frequency neurotomy, Low back chapter; L-spine, RF ablation.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for decision for referral for pain management for possible RFNA - medial branch block neural ablation on 9/23/14. Review of the reports do not show any evidence of prior radiofrequency rhizotomy being done in the past. For radio frequency neurotomy of L-spine, ACOEM states that it gives mixed results, and ODG recommends on a case-by-case basis, after a positive response to a facet diagnostic block. In this case, the patient had a 100% reduction of pain from a prior facet diagnostic block, but the duration of the relief following the injection was not included in documentation. The request for referral to pain management to consider possible RF ablation appear medically indicated. ACOEM supports specialty referrals and there is a good possibility that the patient suffers from facet joint syndrome. The request is medically necessary.