

Case Number:	CM14-0089629		
Date Assigned:	07/23/2014	Date of Injury:	02/03/2011
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 34-year-old male with a date of injury of 02/03/2011. According to progress report 05/05/2014 by [REDACTED], the patient presents with pain in the middle and low back that radiates to the left thigh and neck. The patient states the pain is persistent and moderate in severity. The patient is currently taking tramadol every 6 hours for his pain. Examination revealed numbness in his extremities and muscle weakness. Report indicates the patient continues to see a chiropractor and we believe he has exhausted the first 4 visits. The treater recommends addition 8 sessions. The treater would also like to try a medial branch block in the left L3, L4, and L5 levels. He states, We understand that we are asking for 3 levels instead of 2 but for the sake of cost and patient's safety, it would be ideal if we could just perform 1 procedure instead of 2. The request is for additional chiropractic 8 sessions and medial branch block lumbar spine, left L3, L4, and L5. Utilization review denied the request on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor X 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58,59)Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with chronic low back and neck pain. The treater is requesting additional 8 chiropractic sessions. He reports the patient continues to see the chiropractor and we believe he has exhausted the first 4 visits. He is requesting additional 8 sessions. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. With documentation of functional improvement from prior treatments, MTUS allow for up to 18 visits. Labor code 9792.20(e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. The request is not medically necessary.

Medial branch nerve block Lumbar left 3, 4, 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a medial branch block in the left L3, L4, and L5 area. Treater states he is requesting 3 levels instead of 2 for the sake of cost and patient's safety. ACOEM Guidelines page 300 and 301 states Lumbar facet neurotomies reportedly produce mixed results. For more thorough discussion, ODG Guidelines are referenced. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no radicular symptoms and normal sensory examination are required. In this case, the patient presents with a diagnosis of radiculopathy with radicular symptoms into the thigh and positive sensory examination for numbness. The request is not medically necessary.