

<b>Case Number:</b>	CM15-0052729		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 injured worker is a 44 year old male, who sustained an industrial injury on 03/12/2014. The injured worker is currently diagnosed as having neck sprain/strain, lumbar degenerative disc disease, and lumbar spinal stenosis. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, lumbar spine MRI, and medications. In a progress note dated 03/04/2015, the injured worker presented with complaints of low back and neck pain. The injured worker stated he just completed a course of chiropractic treatment and feeling that his neck and upper back pain are much better. The treating physician reported requesting authorization for tapering chiropractic treatment and trial of bilateral L4-5 and L5-S1 facet block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy Tapering 1 Time Every Other Week for 5 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed documentation indicated the worker was experiencing neck and upper back pain that improved with a course of chiropractic care and lower back pain that went into both legs with tingling. These records did not address the number of prior chiropractic sessions. There was no discussion detailing functional issues, the goals of this therapy, or why this type of treatment was likely to be of additional benefit. In the absence of such evidence, the current request for five sessions of chiropractic care tapered to once every other week for five weeks is not medically necessary.

**Facet Injection Bilateral L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): (s) 174 and 181, page(s) 300 and 307.

**Decision rationale:** The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing neck and upper back pain that improved with a course of chiropractic care and lower back pain that went into both legs with tingling. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for facet injections at both sides of the L4 and L5 levels of the lower back region is not medically necessary.