

Case Number:	CM14-0133501		
Date Assigned:	08/27/2014	Date of Injury:	03/02/2011
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 37-year-old male police officer who sustained an industrial injury on 3/2/11. Injury occurred while apprehending a suspect. The 10/15/11 lumbar magnetic resonance imaging scan showed multilevel disc changes. There were posterior disc protrusions/extrusions at L4/5 and L5/S1 with annular tear/fissure. At L3/4, there was compromise of the transiting nerve roots bilaterally. At L4/5, there was exiting nerve root compromise on the left. At L5/S1, there was exiting nerve root compromise on the right. Records indicated that the worker underwent a rhizotomy in mid-2012 that provided about 50% pain relief for a week or two. The 7/24/14 treating physician report cited worsening, constant severe low back pain radiating into the lower extremities. Pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing, and walking multiple blocks. Lumbar spine exam documented palpable paravertebral muscle tenderness and spasms. Lumbar flexion/extension was restricted with guarding. Nerve tension sign was positive. There was numbness and tingling in the L5 and S1 dermatomal patterns. L5 and S1 strength was full. Ankle reflexes were asymmetric. The treatment plan requested lumbar spine magnetic resonance imaging scan, bilateral lower extremity electromyogram/nerve conduction velocity, and chiropractic treatment two times per week for 6 weeks. Authorization was requested for referral to a pain management specialist for consideration of lumbar facet and rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation http://www.odg-twc.com/odgtwc/low_back.htm#MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that repeat lumbar magnetic resonance imaging scan without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have been met. Records suggest deterioration in the neurologic examination relative to diminished reflexes and dermatomal sensation. The injured worker is post invasive rhizotomy in mid-2012. Consideration of interventional pain management and surgery is documented. The last magnetic resonance imaging scan was nearly 3 years ago. Therefore, this request is medically necessary. Deterioration in signs/symptoms is documented to warrant repeat imaging.

Chiropractic treatment 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation http://www.odg-twc.com/odgtwc/low_back.htm#Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support chiropractic manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the workers therapeutic exercise program and return to productive activities. Guidelines support a trial of 6 chiropractic visits for low back conditions. Guideline criteria have been met for a trial of chiropractic treatment. This injured worker presents with an increase in his low back pain and functional difficulty in activities of daily living. There is no evidence that the worker has previously undergone chiropractic treatment. The 8/8/14 utilization review modified a request for 12 chiropractic visits and approved a 6-visit trial consistent with guidelines. There is no compelling reason to support the medical necessity of chiropractic care beyond that already certified. Therefore, this request is not medically necessary.

Pain management referral, for consideration of lumbar facet injections and rhizotomy:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation http://www.odg-twc.com/odgtwc/low_back.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet rhizotomy (radio frequency medial branch neurotomy), Facet joint radiofrequency neurotomy

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend therapeutic facet joint injections for acute, subacute, chronic lower back pain or for any radicular pain syndrome. One diagnostic facet joint injection may be recommended for workers with chronic lower back pain that is significantly exacerbated by extension and rotation, or associated with lumbar rigidity, and not alleviated with other conservative treatments (including manipulation), in order to determine whether specific interventions targeting the facet joint are recommended. Chronic Pain Medical Treatment Guidelines state that radiofrequency neurotomy, neurotomy, and facet rhizotomy are not recommended for the treatment of any spinal condition. The Official Disability Guidelines indicate that rhizotomy is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). Guideline criteria have not been met. This injured worker has not completed a therapeutic trial of chiropractic manipulation. Guidelines do not support a diagnostic facet injection unless conservative treatment, including manipulation, has failed. There is no evidence that the prior rhizotomy resulted in sustained pain relief consistent with guidelines. Therefore, this request is not medically necessary.

Meds, unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-303.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of pharmaceuticals in the treatment of low back pain. Guidelines provide guidance based on both the specific medication and class of medication. Guideline criteria have not been met. There is no current documentation of what medications are being prescribed. In the absence of this information, the medical necessity cannot be established. Therefore, this request is not medically necessary.