

Case Number:	CM14-0088189		
Date Assigned:	07/23/2014	Date of Injury:	01/22/2005
Decision Date:	06/02/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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: California
Certification(s)/Specialty: Emergency 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 76-year-old female who sustained an industrial injury on 01/22/05. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, physical therapy, and acupuncture. Diagnostic studies include CT, MRI, x-rays, and nerve conduction studies. Current complaints include low back pain. Current diagnoses include lumbar herniated nuclear pulposus L2-3, L5-S1 moderate bilateral neural foraminal narrowing, adjacent segment disease of lumbar spine, and lumbar facet arthropathy. In a progress note dated 05/05/14 the treating provider reports the plan of care as medial branch block on the left at L4-5 and L5-S1 pain psychology consultant, and chiropractic rehabilitation therapy. The requested treatment is a left medial branch block at L4- S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial Branch Block on the Left at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Medial Branch Blocks; Resnick, 2005; Franklin, 2008.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Facet Joint diagnostic blocks (injections).

Decision rationale: As per ACOEM Guidelines, facet medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for criteria that are more specific. Patient does not meet criteria for recommend facet joint diagnostic blocks. ODG criteria state that procedure is limited to patient with low back pain that is non-radicular and has documented failure of conservative therapy. Patient has radicular pain from known disc disease and surgery and concurrent request for chiropractic contradicts failure of conservative therapy. Medial branch block are not medically necessary.

8 Chiropractic Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic), Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: As per MTUS chronic pain guidelines, manual therapy may be considered for chronic low back pains. Guidelines recommend a trial of 6 sessions with reassessment for objective functional and pain improvement before more sessions are recommended. This request exceeds guideline recommended and is not medically necessary.