

Case Number:	CM15-0111394		
Date Assigned:	06/17/2015	Date of Injury:	05/16/2000
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43-year-old male, who sustained an industrial injury on 05/16/2000. He has reported subsequent low back pain and was diagnosed with lumbar disc degeneration, lumbar facet arthropathy and lumbar radiculitis. Treatment to date has included medication, chiropractic therapy and a median branch block. In a progress note dated 04/27/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities that was rated as 7-8/10 with medications and a 10/10 without medications. Objective findings were notable for spasm of L4-S1, tenderness to palpation in the spinal vertebral area of L4-S1 levels and dysesthesia on the right, decreased range of motion of the lumbar spine, decreased sensitivity to touch and decreased strength in the L3-L4 dermatomes. The physician noted that the injured worker had positive response to a prior median branch nerve block and chiropractic therapy. A request for authorization of additional chiropractic care x 8 and bilateral L4-S1 median branch nerve block under fluoroscopy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic care x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the physician noted that the claimant did not have chiropractor therapy for the low back but had completed 24 sessions for another body part with improvement. However, 6 sessions are recommended by the guidelines before additional one are to be considered depending on response. As a result, the request for 8 sessions of Chiropractor therapy is not medically necessary.

Bilateral L4-S1 Median Branch Nerve Block under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back pain and pg 36.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case an MRI in 2007 showed impingement of the L5 nerve root, there were radicular signs on exam and the claimant was diagnosed with radiculopathy. In addition the prior MBB only provided 2 months relief. The request for the MBB does not meet the guidelines criteria and is not medically necessary.

