

Case Number:	CM15-0174540		
Date Assigned:	11/12/2015	Date of Injury:	04/14/2014
Decision Date:	12/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 27-year-old male who sustained an industrial injury on 4/14/14. The mechanism of injury was not documented. The 6/16/15 treating physician report cited grade 3-8/10 low back pain that limited his activity level. The injured worker's interval history form stated that he had developed a left leg tremor since his last visit. He reported previous chiropractic treatment for 6 visits allowed him to increase his range of motion, improved his ability to perform activities of daily living, made his pain more manageable, and his neck and back were more relaxed. Physical exam documented mild to moderately limited cervical range of motion with normal upper extremity sensation and reflexes and symmetrical strength. There was moderate to marked limitation in lumbar range of motion with left tibialis anterior and extensor hallucis longus weakness. There was pain with lumbar facet loading bilaterally and palpable tenderness over the lower lumbar facets. Imaging on 10/2/14 showed bilateral L5 pars interarticularis defects which resulted in grade 1 anterolisthesis of L5 on S1. The diagnosis was L5/S1 spondylolisthesis with bilateral L5 spondylosis and chronic neck and back pain. The treatment plan requested 9 additional visits of chiropractic treatment for the neck and back to increase function and decrease pain. The treatment plan also requested medial branch block injection bilaterally targeting the medial branch nerves at the bilateral L5 pars due to the diagnostic properties and consideration of rhizotomy. The 7/24/15 treating physician report cited grade 3-8/10 low back pain that was crippling. He reported intermittent central neck pain with tension headaches. He currently had no neck pain. He had gained 50-60 pounds since the date of injury due to inactivity secondary to pain. The injured worker was now interested in surgery.

Authorization was requested for L5/S1 posterior spinal fusion with transforaminal lumbar interbody fusion versus posterior lumbar interbody fusion, outpatient overnight stay, and pre-op medical clearance with labs, chest x-ray and EKG. Authorization was also requested for medial branch block (MBB) injections bilaterally targeting the bilateral L5 pars, chiropractic treatment x 8 for the neck, and a medically supervised weight loss program. The 8/12/15 utilization review certified the requests for L5/S1 posterior spinal fusion with transforaminal lumbar interbody fusion versus posterior lumbar interbody fusion, outpatient overnight stay, and pre-op medical clearance with labs, chest x-ray and EKG. The request for MBB injections bilaterally targeting the bilateral L5 pars as this was not necessary given the certified surgical procedure. The request for 8 sessions of chiropractic treatment for the neck was non-certified as there was no clinical documentation provided regarding the cervical spine. The request for a medically supervised weight loss program was non-certified as there was no clinical documentation provided for the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: MBB Injection Bilaterally Targeting the Bilateral L5 Pairs:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic: Facet joint diagnostic blocks (injections).

Decision rationale: The California MTUS does not provide recommendations for medial branch blocks. The Official Disability Guidelines recommend no more than one set of facet joint diagnostic blocks prior to facet neurotomy if indications are met. Criteria for diagnostic blocks for facet nerve pain state that these blocks are limited to patients with lumbar pain that is non-radicular and at no more than 2 levels bilaterally. Documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) for at least 4 to 6 weeks prior to the procedure is required. No more than 2 facet joint levels are to be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Guideline criteria have not been met. This injured worker presents with persistent low back pain. He was diagnosed with an L5/S1 spondylolisthesis with bilateral L5 pars defects. Clinical exam findings evidenced motor deficit. A lumbar fusion was requested and certified for the L5/S1 level. There is no compelling rationale to proceed with medial branch blocks as an exception to guidelines. Therefore, this request is not medically necessary.

Associated Surgical Service: Chiropractic x 8 for Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The California MTUS 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 patient's therapeutic exercise program and return to productive activities. Guidelines generally recommend 1 to 2 chiropractic visits every 4 to 6 months for recurrence/flare-ups of chronic pain but state that 4 to 6 treatments allow time to produce an effect. If there is evidence of objective functional improvement with initial care and documentation of residual functional deficits, additional chiropractic treatment may be supported. Guideline criteria have not been met. This injured worker presents with intermittent neck pain. He had no current neck pain at the time of this request. Prior chiropractic treatment reportedly relaxed his neck and allowed for improved activities of daily living performance, although it appeared this effect was more a result of treatment to the low back. There is no evidence of a current flare-up of neck pain. There is no specific functional deficit relative to the neck or functional treatment goal to be addressed by additional chiropractic treatment. Therefore, this request is not medically necessary.

Associated Surgical Service: Medically Supervised Weight Loss Program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries; Medical Aid Rules & Fee Schedule Guidelines, Professional Services 7/1/09, Chapter 20, Obesity Treatment, pages 20-3 and 20-4.

Decision rationale: The California MTUS guidelines do not provide recommendations for weight loss. The Washington State guidelines recommend obesity treatment for injured workers who are severely obese (BMI > 35), and obesity is the primary condition retarding recovery from the accepted condition, and the weight reduction is necessary to undergo required surgery, participate in physical rehabilitation, or return to work. There must be evidence of a specific treatment plan and compliance. Guideline criteria have not been met. There is no current documentation relative to the injured worker's body mass index. There is no evidence obesity is the primary condition retarding recovery or that weight loss is necessary for a required surgery, participation in physical rehabilitation, or return to work. There is no evidence of attempted weight reduction and failure. Therefore, this request is not medically necessary.