

Case Number:	CM14-0001287		
Date Assigned:	01/22/2014	Date of Injury:	07/02/2013
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 51 year old male who reported an injury on 07/02/2013. The mechanism of injury was reported as a motor vehicle accident while driving a bus. Per the 01/14/2014 clinical note, the injured worker reported bilateral knee pain, left shoulder pain, and radiating neck and low back pain. Physical exam findings included limited cervical and lumbar range of motion, 5/5 motor strength in lower and upper extremities bilaterally, and normal sensation along all dermatomes. The injured worker demonstrated negative McMurray's, Spurling's, and impingement tests. Tenderness was noted in the left knee and shoulder. Deep tendon reflexes for the upper extremities were 0-1+ bilaterally. Treatment to date included medications. The request for authorization form for a TENS unit and medial branch block with trigger point injections was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): (s) 114-121.

Decision rationale: The CA MTUS guidelines state TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines further state, there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The medical records provided indicate the injured worker has ongoing neck, low back, knee, and left shoulder pain. The provider noted he encouraged the patient to participate in a home exercise program. There is no indication the injured worker has failed medications or a home exercise program. The efficacy of these treatments was unclear. A treatment plan with goals of treatment was not present in the medical record. It did not appear the injured worker underwent a one month home based TENS trial as well as the efficacy of the unit during a trial was unclear. In addition, the clinical and submitted request do not specify the site or duration of treatment. As such, the request for TENS Unit is not medically necessary.

MEDIAL BRANCH BLOCK WITH POSSIBLE TRIGGER POINT INJECTIONS UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: Regarding trigger point injections, the CA MTUS guidelines state the following criteria: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; and radiculopathy is not present. The Official Disability Guidelines state the use of diagnostic blocks should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. The injured worker reported radiating neck and low back pain with tingling, numbness, and weakness. Deep tendon reflexes were decreased in the bilateral upper extremities. The medical records provided indicate the injured worker was experiencing radicular pain; the level(s) in the cervical and lumbar spine were unclear. There is no indication the injured worker has failed conservative treatment. In addition, the clinical and submitted request do not specify the level(s) to be injected. As such, the request for Medial Branch Block with possible Trigger Point Injections is not medically necessary.