

Case Number:	CM14-0004764		
Date Assigned:	01/24/2014	Date of Injury:	06/14/2007
Decision Date:	06/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 70-year-old male with a date of injury of 06/14/2007. The listed diagnosis per [REDACTED] is rule out facet mediated low back pain, bilateral L5 to S1. According to the 12/10/2013 progress report by [REDACTED], the patient presents with low back pain. The patient rates the pain as 9/10 on a pain scale. Medication at current dosing facilitates maintenance of ADLs, which includes light household duties, shopping for groceries, grooming, and cooking. The patient's medication regimen includes Norco, Pantoprazole, cyclobenzaprine, and over-the-counter ibuprofen. Examination of the lumbar spine revealed tenderness to the spine. Lumbar range of motion is flexion 60, extension 50, left and right lateral tilt 50, and left rotation 40. There is point tenderness over the bilateral L4 and L5 facets. Treater states the patient is a candidate for rhizotomy and request the patient proceed with "medial branch block bilateral L4 and L5." There is also request for pain management consultation and a TENS unit. Report 11/19/2013 states patient uses a TENS unit and it does "help." There is an MRI of the lumbar spine from 06/09/2010 which revealed, "Multilevel very mild degenerative disk bulge at L3 to L4 through L4-L5. At L5-S1, there is a decrease in height and signal of the intervertebral disk and a 6 mm central and left paracentral broad-based disk protrusion that may be contacting the budding left S1 nerve root. Please correlate with radiculopathy symptoms. Bilateral mild neuroforaminal stenosis is noted at this level." Utilization review denied the requests on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT PAIN MANAGEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127.

Decision rationale: This patient presents with chronic low back pain and is taking Norco, Omeprazole, OTC ibuprofen and cyclobenzaprine. In the most recent progress report, the patient reported 9/10 on a pain scale. The treater recommends a pain management consultation. MTUS/ACOEM Practice Guidelines, has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS/ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, this patient has chronic severe pain that is rated 9-10 on a pain scale. A pain management consultation for additional expertise on medication and pain management may be warranted. The request for consultation with pain management is medically necessary and appropriate.

LEFT MEDIAL BRANCH BLOCK L4 AND L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This patient presents with chronic low back pain. The patient has been treated with TENS, injections, and medications and continues to have low back pain. The treater recommends a left medial branch block at L4 and L5. MTUS/ACOEM Guidelines do not support facet injections for treatments, but do discuss dorsal medial branch blocks as well as radiofrequency ablations. The Official Disability Guidelines (ODG) supports facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, review of the physical examinations indicates that the patient meets the criteria for medial branch blocks. However, review of the medical records document the patient had a prior failed Rhizotomy procedure. ODG Guidelines no longer recommend confirmatory blocks and only one diagnostic DMB blocks are recommended. The treating physician does not explain why he wants to repeat the diagnostic block and there is no reason to repeat them unless there is a new injury. Therefore, the request for a left medial branch block L4-L5 is not medically necessary and appropriate.

RIGHT MEDIAL BRANCH BLOCK L4 AND L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: MTUS/ACOEM Guidelines do not support facet injections for treatments, but do discuss dorsal medial branch blocks as well as radiofrequency ablations. The Official Disability Guidelines (ODG) supports facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, review of the physical examinations indicates that the patient meets the criteria for medial branch blocks. However, review of the medical records document the patient had a prior failed Rhizotomy procedure. ODG Guidelines no longer recommend confirmatory blocks and only one diagnostic DMB blocks are recommended. The treating physician does not explain why he wants to repeat the diagnostic block and there is no reason to repeat them unless there is a new injury. Therefore, the request for a right medial branch block L4-L5 is not medically necessary and appropriate.

TENS UNIT (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS Chronic Pain Page(s): 114-116.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. The report dated 11/19/2013 states patient uses a TENS unit and it does "help." The patient does not present with any of the diagnosis that MTUS allows for a trial of a TENS unit. The treating physician does not describe significant radicular symptoms and pain appears to be limited to low back. Furthermore, a mere statement that it "helps," is inadequate documentation to warrant home use of TENS unit. Functional improvement including significant change in ADL's, or change in work status and decreased dependence on medical treatments must be documented. Therefore, the request for a TENS unit is not medically necessary and appropriate.