

Case Number:	CM14-0102207		
Date Assigned:	07/30/2014	Date of Injury:	09/23/2013
Decision Date:	09/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Illinois. 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 55-year-old male who reported an injury on 09/23/2013 due to driving a forklift, with a broken he was jarred around while driving up and down a hill. The injured worker had a history of lower back pain. The injured worker had diagnoses of lumbar radiculopathy, lumbar facet syndrome, and low back pain. The diagnostics included an electromyogram to the bilateral lower extremities and lumbar paraspinal muscles. No prior surgeries. The MRI dated 10/23/2013 of the lumbar spine revealed a 3 mm central disc protrusion of the L1-2, old T12 compression deformity, and no foraminal narrowing. The past treatments included physical therapy, chiropractic therapy, and psych evaluation. The objective findings dated 05/02/2014 of the lumbar spine revealed restricted range of motion with flexion at 45 degrees and extension at 10 degrees. Palpation of the paravertebral muscles was positive for tenderness and spasms bilaterally. Lumbar facet loading was positive bilaterally. Straight leg raising was positive to the right at 80 degrees. Motor examination revealed a 4/5 bilaterally. The sensory examination revealed light touch sensation was decreased over the L5-S1 lower extremity dermatomes on the right side. The treatment plan included pain management, radiofrequency ablation, interferential TENS unit, and medication. The Request for Authorization dated 06/25/2014 was submitted with documentation. The rationale for the pain management, ablation, and TENS unit was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The California MTUS Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Functional Restoration Program is aimed at the injured worker that is at risk for delayed recovery, but the clinical notes did not indicate that the injured worker was at risk for delayed recovery. Documentation did not indicate an adequate and thorough evaluation, including baseline functional testing, followed up with the same test for functional improvement, documentation of previous methods of treating chronic pain that have been unsuccessful, documentation of the patient's significant loss of ability to function independently secondary to the chronic pain, and that the injured worker is not a candidate for surgery or other treatment. As such, the request is not medically necessary.

Radiofrequency Ablation Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

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 (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines indicate that there is conflicting evidence is available as to the efficacy of this procedure and approval of treatment of radiofrequency ablations and should be made on a case-by-case basis Treatment requires a diagnosis of facet joint pain using a medial branch block as described above injections. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented

improvement in VAS score, decreased medications and documented improvement in function. No more than two joint levels are to be performed at one time if different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Per the guidelines, there is conflicting evidence of the efficacy of the procedure. There should be evidence of a formal plan of additional evidence based conservative treatment in addition to the facet joint therapy. The clinical note did not indicate any type of failed conservative care. As such, the request is not medically necessary.

Interspec 2 Interferential Unit for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES Interferential current stimulation Page(s): 114-116; 121; 118.

Decision rationale: California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based ongoing treatment modalities within a functional restoration approach for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. California MTUS does not recommend NMES except as part of post stroke rehabilitation and further states that there is no evidence to support its use in chronic pain.