

<b>Case Number:</b>	CM14-0154656		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/28/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Emergency Medicine 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 injured worker is a 47 year-old male, who sustained an injury on January 28, 2012. The mechanism of injury occurred when he tripped on a steel bar. Diagnostics have included: Lumbar MRI dated April 4, 2012 reported as showing L4-5 mild facet hypertrophy, L5-s1 disc bulge with mild facet hypertrophy, multilevel degenerative disc disease. Treatments have included: October 10, 2012 left knee arthrosocopy, acupuncture, chiropractic, physical therapy, HEP, medications. The current diagnoses are: lumbar sprain, s/p left knee arthroscopy, left ankle sprain, left foot metatarsalgia, lumbar facet hypertrophy and degenerative disc disease. The stated purpose of the request for 6 Electrodes; 24 Adhesive Remover Towel Mints; 1 Lead Wire Pack; 6 9 Volt Battery Pack, was to provide pain control through home use. The request for 6 Electrodes; 24 Adhesive Remover Towel Mints; 1 Lead Wire Pack; 6 9 Volt Battery Pack, was denied on September 13, 2014, noting that a request for TENS was non-certified. However, on re-review, a TENS unit was authorized on September 12, 2014. The stated purpose of the request for 1 Bilateral L4 through S1 Medial Branch Blocks, was for diagnostic purposes to determine the origin of the patient's pain. The request for 1 Bilateral L4 through S1 Medial Branch Blocks, was denied on September 13, 2014, noting that there was a significant decrease in pain from 6 acupuncture sessions in December 2013/January 2014. Per the report dated August 19, 2014, the treating physician noted complaints of bilateral knee pain and low back pain with radiation to both legs associated with numbness to both feet. Exam showed lumbar tenderness, L4-1 facet tenderness, positive bilateral Kemp's tests, positive bilateral Farfan's tests. Per an AME report dated April 22, 2013, the provider noted future medical treatment to included possible lumbar epidural steroid injections and/or facet injections, acupuncture, physical therapy and chiropractic. The injured worker is a 47 year-old male, who sustained an injury on January 28, 2012. The mechanism of injury occurred when he tripped on a steel bar. Diagnostics have included:

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### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 Electrodes: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stim.

**Decision rationale:** The requested 6 Electrodes is medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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 injured worker has bilateral knee pain and low back pain with radiation to both legs associated with numbness to both feet. The treating physician has documented lumbar tenderness, L4-1 facet tenderness, positive bilateral Kemp's tests, positive bilateral Farfan's tests. The request was denied on September 13, 2014, noting that a request for TENS was non-certified. However, on re-review, a TENS unit was authorized on September 12, 2014. The criteria having been met for at least a trial of a TENS unit, the criteria for this related DME has also been met, 6 Electrodes is medically necessary.

#### **24 Adhesive Remover Towel Mints: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stim.

**Decision rationale:** The requested 24 Adhesive Remover Towel Mints is medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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 injured worker has bilateral knee pain and low back pain with radiation to both legs associated with numbness to both feet. The treating physician has documented lumbar tenderness, L4-1 facet tenderness, positive bilateral Kemp's tests, positive bilateral Farfan's tests. The request was denied on September 13, 2014, noting that a request for TENS was non-certified. However, on re-review, a TENS unit was authorized on September 12, 2014. The criteria having been met for at least a trial of a TENS unit, the criteria for this related DME has also been met, 24 Adhesive Remover Towel Mints is medically necessary.

**1 Lead Wire Pack:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stim.

**Decision rationale:** The requested 1 Lead Wire Pack is medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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 injured worker has bilateral knee pain and low back pain with radiation to both legs associated with numbness to both feet. The treating physician has documented lumbar tenderness, L4-1 facet tenderness, positive bilateral Kemp's tests, positive bilateral Farfan's tests. The request was denied on September 13, 2014, noting that a request for TENS was non-certified. However, on re-review, a TENS unit was authorized on September 12, 2014. The criteria having been met for at least a trial of a TENS unit, the criteria for this related DME has also been met and therefore 1 Lead Wire Pack is medically necessary.

**6 9 Volt Battery Pack:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stim.

**Decision rationale:** The requested 6 9 Volt Battery Pack is medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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 injured worker has bilateral knee pain and low back pain with radiation to both legs associated with numbness to both feet. The treating physician has documented lumbar tenderness, L4-1 facet tenderness, positive bilateral Kemp's tests, positive bilateral Farfan's tests. The request was denied on September 13, 2014, noting that a request for TENS was non-certified. However, on re-review, a TENS unit was authorized on September 12, 2014. The criteria having been met for at least a trial of a TENS unit, the criteria for this related DME has also been met, 6 9 Volt Battery Pack, is medically necessary.

### **1 Bilateral L4 through S1 Medial Branch Blocks: 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 ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

**Decision rationale:** The requested 1 Bilateral L4 through S1 Medial Branch Blocks, is not medically necessary. CA MTUS is silent and ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has bilateral knee pain and low back pain with radiation to both legs associated with numbness to both feet. The treating physician has documented lumbar tenderness, L4-1 facet tenderness, positive bilateral Kemp's tests, positive bilateral Farfan's tests. The request for 1 Bilateral L4 through S1 Medial Branch Blocks, was denied on September 13, 2014, noting that there was a significant decrease in pain from 6 acupuncture sessions in December 2013/January 2014. An AME report noted future medical treatment would include a lumbar epidural steroid injection and/or facet blocks. The treating physician does document facet tenderness, positive Kemp's tests, and mild facet arthropathy on MRI. However, the treating physician does also document the presence of radicular pain along with lower extremity numbness, significant symptomatic improvement with previous acupuncture trials, and the treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, 1 Bilateral L4 through S1 Medial Branch Blocks, is not medically necessary.