

Case Number:	CM14-0184868		
Date Assigned:	11/12/2014	Date of Injury:	04/08/2005
Decision Date:	12/30/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/06/2014

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 & 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:

Per physician's progress report dated 09/15/14, the patient complains of lower back pain and neck pain. The neck pain is intermittent but was worsened at the time due to light activity over the weekend. The neck pain radiates to bilateral upper trapezius. The current pain is rated at 6/10 but generally ranges from 2/10 to 8/10. The lower back pain also worsens during activity, with ambulations. The patient also experiences intermittent numbness and tingling in the left leg. Physical examination of the lower back reveals decreased lumbar extension. The pain is reproduced in the left mid-lumbar paraspinal with left oblique extension. Physical examination of the cervical spine shows limited range of motion in all directions and tender lower spine bilaterally. As per progress report dated 09/15/14, the patient underwent lumbar fusion at L4-5 and L5-S1 on 10/05/06. He also underwent L5-S1 hardware posteriorly and disc replacement at L3-4 on 04/17/09. The patient is using Voltaren gel, as per progress report dated 09/15/14. The report also states that the patient received facet joint injection on left L3-4 and the benefits lasted for over 4 months. However, symptoms started to return over the past month. "He is better with rest, TENs unit and Vicodin," as per report dated 09/15/14. As per progress report dated 04/01/13, the patient also received a prescription for Celebrex along with Voltaren gel. CT Scan, 10/09/12, as per progress report dated 04/01/13 revealed facet arthropathy. Diagnosis, 09/15/14- Degeneration of lumbar or lumbosacral intervertebral disc- Unspecified arthropathy at L2-3 and L3-4.- Cervicalgia- LumbagoThe treater is requesting for (a) LEFT L2-3, L3-4 FACET JOINT INJECTION (b) DME: TENS UNIT. The utilization review determination being challenged is dated 10/03/14. The rationale follows:(a) LEFT L2-3, L3-4 FACET JOINT INJECTION - "The guidelines do not support repeat facet blocks but recommend to proceed onto to medial branch blocks, if, such as in this case, the facet block proved successful." (b) DME: TENS UNIT - "It

does not appear that the patient has, as of yet, completed all their other forms of pain treatment including medications to support even a clinical trial of TENS at this time." Treatment reports were provided from 04/01/13 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-3, L3-4 Facet Joint Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms

Decision rationale: The patient presents with lower back pain and neck pain that worsen with activity. The neck pain radiates to bilateral upper trapezius, while there is intermittent numbness and tingling in the left leg. The current pain is rated at 6/10 but generally ranges from 2/10 to 8/10, as per progress report dated 09/15/14. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, state "Repeated diagnostic injections in the same location(s) are not recommended." Progress report dated 09/15/14 states that the patient "has known diagnosis of facet arthropathy on the left side of L3-4 which is responsive to facet joint injection that lasts more than 4 months." ACOEM guidelines recommend against repeat injections at the same location for diagnostic purposes. ODG does not support therapeutic facet injections. This patient already had a positive response to facet injection and the next logical step would be either dorsal medial branch blocks or just proceeding with RF ablation. In addition, physical examination, as per the latest report dated 09/15/14, revealed "no palpable masses, non-tender throughout." The patient also experiences intermittent numbness and tingling in the left leg. These findings do not corroborate with the ODG guidelines. Recommendation is for denial.

DME: TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with lower back pain and neck pain that worsen with activity. The neck pain radiates to bilateral upper trapezius, while there is intermittent numbness and tingling in the left leg. The current pain is rated at 6/10 but generally ranges from 2/10 to 8/10, as per progress report dated 09/15/14. For TENS unit, MTUS guidelines, on page 116,

require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, the physician states that the patient "is better with rest, TENs unit and Vicodin," as per report dated 09/15/14. However, the reports do not indicate when and for how long the TENS unit was used. The treater also does not document outcomes in terms of pain relief and improved function. There is no treatment plan with short- and long-term goals as well. Recommendation is for denial.