

Case Number:	CM14-0032860		
Date Assigned:	07/07/2014	Date of Injury:	07/02/2001
Decision Date:	08/06/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 California and Washington. 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 41-year-old male with a date of injury on 07/02/2001. The mechanism of injury was not provided. The injured worker had an exam on 06/24/2014 where he was complaining of having an acute exacerbation of his upper back pain and neck pain. The injured worker rated his pain on a 7/10 level, complaining of it being sharp and constant. The pain had improved with rest and was worse with sitting and daily activities. The injured worker's evaluation revealed that his gait was within normal limits. He had normal curvature, positive tenderness in the paralumbar musculature, negative tenderness in the parathoracic musculature, and negative tenderness in the posterosuperior iliac spine region. Motor testing was 5/5 to all of the muscle groups of the lower extremities. His deep tendon reflexes in the right knee were absent, in the right ankle was a 2, and the left ankle was a 2. The range of motion of the lumbar spine forward flexion was normal at 60 degrees, extension was normal at 30 degrees, the lateral tilt was normal at 30 degrees, rotation was normal at 30 degrees. Bilateral lower extremities had a positive straight leg raise. There was no previous treatment of conservative treatment such as physical therapy or home exercise programs. Diagnoses included acute, chronic low back pain, degenerative disc disease lumbar spine, herniated disc lumbar spine, concordant discogram of the L3-4 and L4-5 and neck pain. His medications consist of Cyclobenzaprine, Diclofenac, Omeprazole, Ondansetron, and Tramadol ER. The treatment plan is to continue his medications and to follow-up in 1 month. There is no mention of a TENS unit or a bilateral facet medial branch block. The Request for Authorization was not provided, and neither was the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day trial of home 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 Page(s): 114-116.

Decision rationale: The 30 day trial of the TENS unit is not medically necessary. The California MTUS Guidelines do not recommend the TENS unit as a primary treatment modality, but they do recommend it on a trial basis if used as an adjunct to a program of evidence based functional restorations for the conditions such as for neuropathic pain, chronic radiculopathy pain, limb pain, spasticity, and multiple sclerosis. The injured worker has a diagnosis of acute chronic low back, pain degenerative disc disease, herniated disc lumbar and concordant discogram of the L3-4 and L4-5, and neck pain. There is no documentation or evidence of previous physical therapy or NSAID medication treatments and the efficacy or a home exercise program. The California Guidelines also state that several published evidence based assessments of the TENS unit have found that evidence is lacking concerning the effectiveness. Furthermore, the request does not specify as far as duration and frequency. Therefore, the request for TENS unit is not medically necessary.

1 Bilateral Facet Medial Branch Block at L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, Facet joint diagnostic injections.

Decision rationale: The request for bilateral facet medial branch block at L3-4 and L5 is not medically necessary. There were no guidelines in the California MTUS of the ACOEM regarding this issue. The Official Disability Guidelines state that the facet joint blocks are limited to patients with low back pain that is non radicular and at no more than 2 levels bilaterally. The record of the exam does show it at 3 levels: at L3, L4, and L5. The injections are also recommended for if there is a recommended facet neurotomy to follow. There is no documentation regarding any possible plan for surgery and there is not a plan for a facet neurotomy. Also, there needed to be documentation of a failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There is a lack of evidence of home exercise, physical therapy, and NSAID use and their efficacy. Therefore, the request for the bilateral facet medial branch block is not medically necessary.

