

<b>Case Number:</b>	CM14-0034911		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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, 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 50 year old with an injury date on 3/31/12. Exam on 2/1/14 showed "right thoracic paravertebral spasm measured 6 cm on right and 4.5 cm on left. Deep pressure on lower T-spine caused pain complaints/sighing. T-spine spasm and trigger points found. Tenderness to palpation in mid and lower T-spines. Bilateral lower ribs exhibited mild tenderness, moderate muscle spasms. Lumbar range of motion moderately limited, particularly on flexion at 10/60 degrees. A supine straight leg raise test slightly positive at 50 degrees on right, 45 on left. Neurological exam normal." [REDACTED] is requesting Interventional Pain Management with Medial Branch Blocks, TENS Unit, Radiofrequency Rhizotomy bilaterally L4-L5 and S1. The utilization review determination being challenged is dated 2/19/14 and rejects request for consultation for interventional pain management with medial branch blocks due to lack of documentation of failed conservative treatment, and evidence of radiculopathy in exam findings. [REDACTED] is the requesting provider, and he provided treatment reports from 2/19/13 to 2/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 consultation for interventional pain management with medial branch blocks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guideline, low back, online for diagnostic facet blocks:([http://www.odg-twc.com/odgtwc/low\\_back.htm#Facetinjections](http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections)).

**Decision rationale:** This patient presents with left shoulder pain, lower back pain, left leg numbness/weakness. The treating physician has asked consultation for Interventional Pain Management with Medial Branch Blocks on 2/1/14. Patient has undergone conservative treatment including TENS unit, medication, home exercises without change in symptoms. No history of prior medial branch blocks found in reports. Regarding facet nerve block injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, patient has failed conservative treatment and presents with non-radicular back pain. Requested consultation for consultation for Interventional Pain Management with Medial Branch Blocks is indicated for patient's persistent chronic back pain. The request is medically necessary and appropriate.

**1 Tens unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Chronic Pain Page(s): 114, 116.

**Decision rationale:** This patient presents with left shoulder pain, lower back pain, left leg weakness/numbness. The treating physician has asked TENS Unit on 2/1/14 but RFA not included in provided reports. 2/1/14 report shows patient began a trial of TENS unit on 12/3/13 with reduction in pain, and extended another one month trial on 2/11/14. Per MTUS guidelines (pg 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and Multiple Sclerosis. 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. In this case, the treating physician has asked for a TENS unit but there is only documentation of pain reduction without discussion regarding functional improvement following two months of rental trial. MTUS require documentation of not only pain reduction but functional improvement as well as how often the patient is using the unit. Given the lack of adequate documentation regarding the patient's functional change, the request is not medically necessary.

**radiofrequency rhizotomy bilaterally L4/L5/ and S1:** 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): 300-301. Decision based on Non-MTUS Citation ODG guidelines, low back chapter for facet joint radio frequency neurotomy: Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints.

**Decision rationale:** This patient presents with left shoulder pain, lower back pain, left leg weakness/numbness. The treating physician has asked Radiofrequency Rhizotomy bilaterally L4-L5 and S1 on 2/1/14. For radio frequency neurotomy of L-spine, ACOEM gives mixed results, and ODG recommends on a case-by-case basis, after a positive response to a facet block. Treating physician has asked for radiofrequency rhizotomy but ACOEM recommends RFA only after positive response to facet diagnostic evaluation. In this case, patient has not yet had a facet diagnostic evaluation via diagnostic dorsal medial branch blocks and requested radio frequency rhizotomy is not indicated at this time.