

Case Number:	CM14-0035130		
Date Assigned:	06/23/2014	Date of Injury:	09/17/2011
Decision Date:	07/24/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 8/30/11; the mechanism of injury was not provided for review. In the clinical note dated 2/27/14, the injured worker complained of neck, right shoulder, and lower back pain with the left side greater than the right. It was also annotated that the injured worker reported no new injuries and that he was not currently attending therapy. Prior treatments included physical therapy, acupuncture, home exercise program, and prescribed medications. The physical examination of the cervical spine revealed tenderness in the posterior cervical area, particularly over the C6-7 mid line and lower facets. The range of motion was noted to be slightly limited with pain, and the neurological exam revealed grossly intact to both upper extremities. The physical examination of the injured worker's low back revealed tenderness over the mid line and over the L4-5 and L5-S1 facets, more so on the left than on the right. It was noted that there was slight tenderness over the left sacroiliac joint. It was noted that there was a positive facet loading test with extension and rotation, more to the left than the right. It was also noted there was a positive Fabere and Gaenslen's test over the sacroiliac joint, more to the left than the right. It was noted that a straight leg raise test caused low back pain. A Lasegue's test was negative. Deep tendon reflexes and motor function was annotated to be intact in both lower extremities. The diagnoses included status post left shoulder surgery, axial neck pain with facet arthropathy, axial lower back pain with the left greater than right, rule out facetogenic versus discogenic low back pain, and grade 1 to 2 spondylolisthesis at L5-S1. The treatment plan included a request for a series of lumbar disc diagnostic differential facet blocks at the L4-5 and L5-S1 levels bilaterally; if a pain generator was found in the lower back, then a facet rhizotomy at the injected levels may be given in order to have long-term relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar diagnostic facet medial branch blocks at L4-5 levels bilaterally QTY: 1.00:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - WEB; Low Back - Lumbar & Thoracic (Acute & Chronic); Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Guidelines state that invasive techniques such as facet joint injections or cortisone and lidocaine are of questionable merit. The Official Disability Guidelines state that facet joint diagnostic blocks are recommended prior to facet neurotomy if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain signs and symptoms to include tenderness to palpation in the paravertebral areas, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam. The criteria for use of the diagnostic blocks for facet-mediated is limited to injured workers with low back pain that is non-radicular at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. In the clinical notes provided for review, it is annotated that the injured worker had undergone conservative therapies such as physical therapy, acupuncture, home exercise program, and oral medication with continued pain. The injured worker also meets the guideline criteria for use of medial branch blocks with the physical examination noting a normal sensory exam, absence of radicular findings, tenderness to palpation over L4-L5 levels, and a normal straight leg raise. As such, the request is medically necessary.

Motorized cold therapy unit for purchase only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 19th annual edition, Chapter: Low back Lumbar & Thoracic (Acute & Chronic) ; Cryotherapy & Cold/heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines (ODG) state that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The available scientific literature is insufficient to document that the use of continuous flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient

compliance in the outpatient setting. In the clinical notes provided for review, it is annotated that the injured worker had tenderness over the left sacroiliac joint and tenderness over the mid line and over the L4-5 and L5-S1 facets. However, it is not annotated that the injured worker had any swelling or loss of function or annotation of measurable pain level status. The guidelines state that a cold therapy unit is used to decrease pain, inflammation and swelling. Furthermore, the guidelines also do not recommend cryotherapy for nonsurgical treatment. As such, the request is not medically necessary.

Combo stim electrotherapy device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition): Chapter: Low back Lumbar & Thoracic (Acute & Chronic); Electrical stimulators & Spinal cord stimulation: Sympathetic therapy & Transcutaneous electrical neurostimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118-119, 121.

Decision rationale: The California MTUS Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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 criteria of the use of a TENS includes documentation of pain of at least three months' duration, to include evidence that other appropriate pain modalities have been tried and failed. A one-month trial period of a 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 or function. Rental would be preferred over purchase during this trial. Other ongoing pain treatments should also be documented during the trial, including medication usage. A treatment plan including the specific short and long-term goals of treatment with a TENS unit should be submitted. The guidelines also state interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on these recommended treatments alone. The guidelines also state that neuromuscular electrical stimulation (NES devices) is not recommended. An NES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status or efficacy with or without pain medication. There is also a lack of documentation of the injured worker's failed conservative therapies such as physical therapy progress. Furthermore, within the combo stim electrotherapy device, two of the electrical therapies are not recommended by the guidelines. As such, the request is not medically necessary.