

Case Number:	CM13-0069779		
Date Assigned:	02/03/2014	Date of Injury:	06/26/2012
Decision Date:	02/25/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 42 year old employee with date of injury of 6/26/12. Medical records indicate the patient is undergoing treatment for s/p right elbow fracture; s/p open reduction/internal fixation with hardware; left forearm fracture with hardware; left shoulder sprain/strain with impingement; cervical, thoracic and lumbar sprain/strain; non-displaced rib fracture; comminuted right radial head fracture; non-displaced coronoid process fracture; tinnitus, right ear; s/p head prosthesis; extensor comminuted left scapular fracture; left forearm compartment syndrome; s/p left carpal tunnel release with s/p internal fixation of the left scaphoid fracture with bone graft from the distal radius; left forearm fasciotomy, posterior interosseous neurotomy and s/p perilunate dislocation; 3-mm disc protrusion at C4-C5; concussion syndrome with chronic tinnitus in the ears; possible rupture of the right eardrum; right shoulder impingement syndrome. Subjective complaints include depression, pain in the bilateral shoulder, left greater than right; neck and back pain which radiates to lower extremities and bilateral knee pain. He has pain in the bilateral mandibular joint. He has headaches and pain in his ears. He has pain in his arms, knees, chest/ribs, shoulders and back. He has pain in the low back, which radiates to his tailbone, buttocks and bilateral legs with numbness and tingling in the toes. Norco helps the pain. His pain is rated at 8/10. Objective findings include exam to left shoulder: tenderness over supraspinatus tendon, subacromial region and acromioclavicular joint. Patient has subacromial crepitus upon ranging and cross arm and impingement tests were positive. He has 1 weakness in the shoulder girdles on the left with abduction and flexion. His range of motion

(ROM) of the left shoulder was (in degrees): flexion, 138; extension, 37; abduction, 140; adduction, 38; internal rotation, 68 and external rotation, 67. He has a wide based gait. There is diffuse tenderness over the lumbar paravertebral musculature and moderate tenderness over the L4-S1 spinous process. Fabere's/Patrick's, Yeoman's and sacroiliac thrust test were all positive. An MRI on the left shoulder (7/24/13) revealed a rotator cuff tear which is consistent with acromioclavicular degenerative joint disease and impingement. An MRI of the lumbar spine also identified a 3-mm midline disc protrusion with mild central canal narrowing at L5-S1. The physician states that conservative measures over the last year and a half have not provided the patient with relief. Treatment has consisted of Meclizine, Norco PT, TENS, home exercise and epidural steroid injections to the lumbar spine. The utilization review determination was rendered on 12/9/13 recommending non-certification of Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection and LSO Back Brace and for Durable Medical Equipment Supplies for Electrical Muscle Stimulation Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections); MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

Decision rationale: ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." MTUS is silent specifically with regards to facet injections, but does refer to epidural steroid injections. ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." ODG details additional guidelines: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a

response of >70%. The pain response should last at least 2 hours for Lidocaine.2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.7. Opioids should not be given as a "sedative" during the procedure.8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level.]While the treating physician documents subjective nerve root compression and failure of conservative treatment, the treating physician also describes radicular symptoms in a dermatomal pattern. Per ODG guidelines facet joint injections are "Limited to patients with low-back pain that is non-radicular." As such, the request for bilateral lumbar L4-5 and L5-S1 facet joint injection with steroid is not medically necessary.

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. ODG states for use as a "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The patient is well beyond the acute phase of treatment and the treating physician has provided no documentation of

spondylolisthesis or documented instability. As such, the request for LSO back brace is not medically necessary.

Durable medical equipment supplies for electrical muscle stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME); Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: -durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home While supplies for an electrical stimulation unit do meet criteria as durable medical equipment, the medical notes do not establish benefit from ongoing usage of a TENS unit. Given lack of documented improvement, the continued usage of TENS does not appear to be indicated and therefore the supplies also do not appear to be indicated. As such, the request for durable medical equipment supplies for electrical muscle stimulation unit is not medically necessary.