

Case Number:	CM14-0201856		
Date Assigned:	12/12/2014	Date of Injury:	05/01/2000
Decision Date:	02/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a patient with a date of injury of 5/1/00. A utilization review determination dated 11/17/14 recommends non-certification/modification of TENS unit and nerve root blocks and facet blocks bilaterally. 10/27/14 medical report identifies pain in the low back down the lower extremities, left worse than right. Selective nerve root blocks and facet blocks were said to be approved. On exam, there is limited ROM. Allodynia is said to be present in an L5 distribution to both lower extremities, left worse than right. The injections and a TENS unit rental for two months were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 114-117.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, it appears that the current request is for a 2-month TENS trial, but this exceeds the CA MTUS recommendations for a 1-month trial and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested TENS is not medically necessary.

Nerve Root Blocks Bilaterally and Facet Blocks Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for nerve root blocks, CA MTUS does not specifically address the issue. ODG states that, when used for diagnostic purposes, the following indications have been recommended to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; To help to determine pain generators when there is evidence of multi-level nerve root compression; To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; To help to identify the origin of pain in patients who have had previous spinal surgery. Within the medical information made available for review, none of the abovementioned criteria have been met and there is no clear rationale presented for selective nerve root block/diagnostic epidural injections despite the recommendations of the guidelines. Regarding the request for facet blocks, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has symptoms suggestive of radiculopathy. Furthermore, there is no clear indication for the use of facet blocks rather than the medial branch blocks recommended by the

guidelines. Finally, there is no clear indication for the concurrent use of nerve root blocks and facet blocks, as this would cause diagnostic confusion as it would be difficult or impossible to determine which blocks (if any) were responsible for the patient's pain relief and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the requested nerve root blocks and facet blocks are not medically necessary.