

Case Number:	CM15-0001268		
Date Assigned:	01/12/2015	Date of Injury:	03/19/2014
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 53 year old male patient, who sustained an industrial injury on March 19, 2014. He has reported severe pain and popping of the left knee with the pain gradually becoming worse and the development of pain in his back, shoulder and knees. The diagnoses have included sprain lumbar region and dysfunction of the thoracic region. Per the doctor's note dated 1/7/2014, he had abdominal hernia pain, left knee pain and low back pain without radiculopathy. The physical examination revealed acute distress, low back- tenderness and restricted range of motion; left knee- restricted range of motion with mild edema. Per the doctor's note dated 12/5/2014, he had complaints of pain in the left shoulder, left knee and low back at 7/10. The pain is described as constant, dull and sharp. Physical examination revealed tenderness over the left shoulder with positive Impingement sign; lumbar spine- tenderness and spasm, positive facet load test bilaterally, antalgic gait; tenderness over the lateral joint line of the bilateral knee and positive mc Murray over the left knee. The medications list includes norco, naproxen and omeprazole. He has had an MRI of the left knee in 6/2012 which revealed a complex tear of the medial meniscus involving the anterior and posterior horns of the body and a lumbar spine MRI dated June 24, 2014 which revealed a multilevel degenerative disc disease and small disc bulge; left shoulder MRI on 12/3/2014 which revealed low grade interstitial tear of infraspinatus tendon and degenerative changes. He has undergone hernia repair on 5/9/2014. He has had pain management, chiropractic therapy and physical therapy for this injury. The evaluating physician requested an orthopedic consult, TENS unit trial and Medial branch block of bilateral L4-L5 and L5-S1. On December 29, 2014 Utilization Review non-certified a TENS unit 30 day trial,

orthopedic consultation regarding the left knee, and medial branch block of bilateral L4-L5 and L5-S1 noting there was no indication in the documentation presented of prior conservative treatment or a functional restoration approach, no MRI of the knee or lumbar spine findings and no indication that pain in the left knee is non-radicular. The MTUS and the Official Disability Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of TENS unit 30 day trial, orthopedic consultation regarding the left knee, and medial branch block of bilateral L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)Page 114-116.

Decision rationale: Request: Q--TENS unit x 30 day trialAccording the cited guidelines, 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness". Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided.Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided.The medical necessity of TENS unit x 30 day trialis not established for this patient.

Orthopedic consultation for left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request: Orthopedic consultation for left knee Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the records provided patient had left knee pain with restricted range of motion with mild edema and an MRI of the left knee in 6/2012 revealed a complex tear of the medial meniscus involving the anterior and posterior horns of the body. Orthopedic consultation for left knee is medically necessary and appropriate to evaluate and treat knee pathology.

Medial branch block at bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/03/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: Request: Medial branch block at bilateral L4-L5 and L5-S1 Per the cited guidelines "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the ODG low back guidelines "Facet joint medial branch blocks (therapeutic injections) are, not recommended except as a diagnostic tool, Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study". In addition, regarding facet joint injections, ODG states. "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy" There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to median branch block. Therefore there is no highgrade scientific evidence to support the medial branch block for this patient. The medical necessity of Medial branch block at bilateral L4-L5 and L5-S1 is not fully established for this patient at this juncture.