

<b>Case Number:</b>	CM15-0009748		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 67-year-old female who reported an injury on 10/07/2009. The mechanism of injury was the injured worker slipped and fell on a cutting board while pushing a shopping cart full of clean work dishes to a store in the supply area and the injured worker was noted to do the splits and fall. Her treatments included activity modification, medications, injections into the left sacroiliac joint, physical therapy, chiropractic treatment, multiple steroid injections, multiple epidural steroid injections, facet blocks, and inferential home unit, acupuncture, and home exercises. The injured worker underwent electrodiagnostic studies. The injured worker underwent an MRI of the lumbar spine. The MRI revealed at the level of L3-4 there was a grade 1 retrolisthesis. There was an accompanying 2 mm to 3 mm broad based posterior disc protrusion effacing the ventral surface of the thecal sac resulting in bilateral neuro foraminal narrowing. The central canal was adequately patent. There was bilateral exiting nerve root compromise. At the level of L4-5, there was a grade 1 anterior listhesis. There was an accompanying 2 mm to 3 mm broad based posterior disc protrusion effacing the ventral surface of the thecal sac resulting in bilateral neuro foraminal narrowing and canal stenosis in conjunction with facet joint hypertrophy. There was bilateral exiting nerve root compromise. At the level of L5-S1 there was a 2 mm to 3 mm broad based posterior disc protrusion effacing the ventral surface of the thecal sac resulting in bilateral neuro foraminal narrowing. The central canal was adequately patent. There was facet joint hypertrophy and the bilateral exiting nerve root compromise was noted. There was a partial noted date 11/10/2014 which revealed the injured worker had an epidural steroid injection which decreased overall pain however the low

back pain continued. The injured worker had complaints of low back pain with stiffness. The medications included Ultram, Neurontin, Relafen, Soma, and gabapentin/capsaicin/ amitriptyline rub as needed. The physical examination was incomplete. There was 1 page of the note of 11/10/2014. There was no Request for Authorization submitted to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar Facet Injection at the bilateral L3-L4, L4-L5, and L5-S1 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of duration of relief from the first procedure for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review failed to provide the relief from the prior injections. The note submitted for review was incomplete. There was a lack of documented rationale for a lumbar facet injection. There was a lack of documentation of a formal plan of evidence based conservative care in addition to facet therapy. There was a lack of documentation indicating the injured worker had relief from the first procedure for at least 50% and there is a lack of documentation of objective functional improvement and an objective decrease in medications for the same duration. Given the above, the request for Lumbar Facet Injection at the bilateral L3-L4, L4-L5, and L5-S1 levels is not medically necessary.

#### **Purchase of a Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide the objective functional benefit and the objective decrease in pain with the use of the TENS unit. There was a lack of specific documentation requesting the purchase of the TENS unit and documentation of exceptional factors. Given the above, the request for Purchase of a Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary.