MAXIMUS Federal Services

Case Number:	CM15-0137555		
Date Assigned:	07/28/2015	Date of Injury:	05/13/2013
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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 52-year-old male patient who sustained an industrial injury on 05/13/2013. He sustained the injury due to cumulative trauma. The diagnoses include chronic low back pain, cervical spine radiculopathy, lumbar spine radiculopathy, left foot drop, cervical spinal cord compression with myelopathy, cervicobrachial syndrome, cervical spondylosis with myelopathy C5-C6 and C6-C7, cervical degenerative disc disease C5-C6 and C6-C7, situation post anterior cervical discectomy and fusion (ACDF), essential hypertension, tension headache, situation post shoulder surgery and cervical stenosis C5-6 and C6-C7. Per the follow up note dated 6/22/2015, he had complaints of discomfort with raising the left shoulder and some neck pain and left arm weakness; extension pain in the low back. There were no complaints of progressive lower extremity weakness or loss of bowel or bladder control. He is working full time. The physical examination revealed the low back pain with extension 10 degrees and bending forward and touching his knees, slight tenderness is noted in the left lower lumbar; left lower extremity weakness with prolong standing and walking and a workday. Examination of the cervical spine revealed well healed neck incision and cervical spine range of motion 60 degrees bilaterally. Current medications included Flexeril, Omeprazole, Voltaren, Aleve, Hydrochlorothiazide, Oxycodone-aspirin, Potassium and Tramadol. The Flexeril, Omeprazole, Voltaren, Aleve, Oxycodone-aspirin, and Tramadol were discontinued 06/03/2015. He has undergone cervical ACDF. He has had X-rays of the cervical and lumbar spine, and of his left shoulder; cervical MRI dated 7/10/2013; lumbar MRI, which revealed mild L4-5 and L5-S1 facet arthropathy. He has had physical therapy visits for this injury. The worker 's treatment plan includes medial branch blocks, a transcutaneous electrical nerve stimulation (TENS)unit trial and an AME for the left shoulder which he fractured in a fall secondary to weak legs from spinal cord compression . A request for authorization was made for the following: 1. Bilateral Lumbar Medial Branch Block, L4-L5. 2. TENS (transcutaneous electrical nerve stimulation) unit, 3

month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch Block, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet joint diagnostic blocks (injections), Facet joint injections, Facet joint intra-articular injections, Facet joint medial branch blocks (therapeutic injections).

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) Chapter: Low Back (updated 07/17/15). Facet joint medial branch blocks (therapeutic injections). Facet joint injections, lumbar. Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Bilateral Lumbar Medial Branch Block, L4-L5Per 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." There is no high grade scientific evidence to support medial branch block for this patient. 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." Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Per the cited guidelines "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 4. No more than 2 joint levels may be blocked at any one time." Per the records provided patient had low back pain with diagnosis of lumbar radiculopathy. The cited guidelines do not recommended medial branch block in patient with radiculopathy. The medical necessity of Bilateral Lumbar Medial Branch Block, L4-L5 is not fully established for this patient at this juncture.

TENS (transcutaneous electrical nerve stimulation) unit, 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back & Pain chapters - TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: TENS (transcutaneous electrical nerve stimulation) unit, 3 month rental. According 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. 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 appropriate medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS (transcutaneous electrical nerve stimulation) unit, 3 month rental is not established for this patient.