

Case Number:	CM15-0217622		
Date Assigned:	11/09/2015	Date of Injury:	07/11/2011
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 07-11-2011. According to a report dated 08-26-2015, the injured worker reported pain in the lumbar spine that was rated 7 out of 10 on the pain scale. Treatment to date has included physical therapy and lumbar epidural steroid injection. Current medications included Meloxicam, Gabapentin, Omeprazole, Flonax and Lisinopril. Examination of the lumbar spine demonstrated tenderness over a well-healed surgical scar. There was moderate facet tenderness noted over the L3 through S1. Sacroiliac tenderness, Fabere's-Patrick, Sacroiliac Thrust test and Yeoman's test was positive on the left and right. Kemp's test was positive on the right and left. Seated straight leg raise was noted to be 70 degrees on the right and left. Supine straight leg raise was noted to be 60 degrees on the left and right. Farfan Test was positive on the right and left. Range of motion was decreased. Assessment included status post lumbar laminectomy, lumbar disc disease and lumbar facet syndrome and right sacroiliac joint sprain strain. MRI of the lumbar spine was reviewed, and the provider noted that it showed multilevel degenerative disc disease with facet arthropathy. The treatment plan included bilateral L2-L5 medial branch blocks with L3-L4, L4-L5 and L5-S1 facets. Urine drug screening was performed. Medications were to continue. New supplies were being requested for the injured worker's interferential unit. The interferential unit provided moderate relief. On 10-21-2015, Utilization Review non-certified the request for bilateral L2-L5 medial branch blocks with the L3-L4, L4-L5 and L5-S1 facets and interferential unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-L5 medial branch blocks with the L3-L4, L4-L5 and L5-S1 facets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Lumbar and thoracic (Acute and chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant pain relief of 70% for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation. There is no report of acute flare-up, ADL limitation, progressive deficits or functional change for this chronic 2011 injury. Facet injections/blocks are not recommended in patients who may exhibit radicular symptoms with identified positive nerve impingement sign of straight leg raise s/p previous lumbar epidurals, or performed over 2 joint levels concurrently (L2, L3, L4, L5) as requested here. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L2-L5 medial branch blocks with the L3-L4, L4-L5 and L5-S1 facets is not medically necessary and appropriate.

Interferential unit, supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved functional status and exercises not demonstrated here. The Interferential unit, supplies is not medically necessary and appropriate.

