

Case Number:	CM15-0032163		
Date Assigned:	02/25/2015	Date of Injury:	09/06/2011
Decision Date:	04/07/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 43 year old man sustained an industrial injury on 9/6/2011. The mechanism of injury was not detailed. Current diagnoses include lumbar facet syndrome, spinal lumbar degenerative disc disease, and low back pain. Treatment has included oral medications. Physician notes dated 2/5/2015, noted to be an initial consultation, shows chronic progressive pain in the mid and low back. Recommendations include bilateral medical branch blocks at L4-L5 and L5-S1, Ibuprofen, physical therapy, home TENS unit trial for 30 days, acupuncture and chiropractic if the worker's condition worsens, and follow up in four weeks. On 2/19/2015, Utilization Review evaluated prescriptions for DME purchase TENS unit, right medial branch block at L4-L5, left medial branch block at L4-L5, right medial branch block at L5-S1, and left medial branch block at L5-S1, that were submitted on 2/20/2015. The UR physician noted the following: regarding the TENS unit, there is no documentation of a TENS unit trial. Regarding the medical branch blocks, there is no indication of back pain and no examination of the lumbar spine that indicates tenderness to the facet joints. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar facet syndrome; spinal/lumbar degenerative disc disease; and low back pain. The documentation indicates the injured worker was treated in 2011. There is no interval treatment documentation between September 2011 and February 5, 2015. Subjectively, the injured worker complains of numbness and tingling of the bilateral arms, bilateral hands, and bilateral legs. There is weakness of the bilateral hands and right leg. The injured worker complains of mid-low back pain and right hip pain. Symptoms at best are 2/10 and symptoms without medications or 4/10. Objectively, the injured worker has no tenderness to palpation overlying the lumbar spine. There is no lumbar facet loading pain on examination. There is no pain in the hip with internal and external rotation. The treating physician is requesting a 30-day trial in the progress. The request for authorization states the treating physician is requesting a TENS purchase. There is no documentation in the medical record indicating specific short and long-term goals for TENS use. The documentation is conflicting as to whether the treating physician is ordering the TENS for purchase or a 30-day trial. Consequently, absent clinical documentation with objective evidence of lumbar pain based on the physical findings in the medical record (February 5, 2015) with conflicting evidence of purchase versus a 30 day trial, TENS unit is not medically necessary.

Right medial branch block at L4-L5, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, right L4-L5 medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet-mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are lumbar facet syndrome; spinal/lumbar degenerative disc disease; and low back pain. The documentation indicates the injured worker was treated in 2011. There is no interval treatment documentation between September 2011 and February 5, 2015. Subjectively, the injured worker complains of numbness and tingling of the bilateral arms, bilateral hands, and bilateral legs. There is weakness of the bilateral hands and right leg. The injured worker complains of mid-low back pain and right hip pain. Symptoms at best are 2/10 and symptoms without medications or 4/10. Objectively, the injured worker has no tenderness to palpation overlying the lumbar spine. There is no lumbar facet loading pain on examination. There is no pain in the hip with internal and external rotation. The treating physician states medial branch blocks are supported by MRI findings of facet joint arthropathy. The MRI of the lumbar spine dated November 21, 2011 does not contain objective findings of facet joint arthropathy. The results showed mild to moderate degenerative changes at multiple levels with slight disc bulges and mild foraminal narrowing. There is no focal protrusion or central stenosis. Consequently, absent clinical documentation with objective findings indicating tenderness over the facet joints and lumbar spine with MRI findings inconsistent with facet joint arthropathy, right medial branch blocks L4 - L5 is not medically necessary.

Left medial branch block at L4-L5, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Left L4-L5 medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are lumbar facet syndrome; spinal/lumbar degenerative disc disease; and low back pain. The documentation indicates the injured worker was treated in 2011. There is no interval treatment documentation between September 2011 and February 5, 2015. Subjectively, the injured worker complains of numbness and tingling of the bilateral arms, bilateral hands, and bilateral legs.

There is weakness of the bilateral hands and right leg. The injured worker complains of mid-low back pain and right hip pain. Symptoms at best are 2/10 and symptoms without medications or 4/10. Objectively, the injured worker has no tenderness to palpation overlying the lumbar spine. There is no lumbar facet loading pain on examination. There is no pain in the hip with internal and external rotation. The treating physician states medial branch blocks are supported by MRI findings of facet joint arthropathy. The MRI of the lumbar spine dated November 21, 2011 does not contain objective findings of facet joint arthropathy. The results showed mild to moderate degenerative changes at multiple levels with slight disc bulges and mild foraminal narrowing. There is no focal protrusion or central stenosis. Consequently, absent clinical documentation with objective findings indicating tenderness over the facet joints and lumbar spine with MRI findings inconsistent with facet joint arthropathy, left medial branch blocks L4 - L5 is not medically necessary.

Right medial branch block at L5-S1, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Right L5-S1 medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet-mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are lumbar facet syndrome; spinal/lumbar degenerative disc disease; and low back pain. The documentation indicates the injured worker was treated in 2011. There is no interval treatment documentation between September 2011 and February 5, 2015. Subjectively, the injured worker complains of numbness and tingling of the bilateral arms, bilateral hands, and bilateral legs. There is weakness of the bilateral hands and right leg. The injured worker complains of mid-low back pain and right hip pain. Symptoms at best are 2/10 and symptoms without medications or 4/10. Objectively, the injured worker has no tenderness to palpation overlying the lumbar spine. There is no lumbar facet loading pain on examination. There is no pain in the hip with internal and external rotation. The treating physician states medial branch blocks are supported by MRI findings of facet joint arthropathy. The MRI of the lumbar spine dated November 21, 2011 does not contain objective findings of facet joint arthropathy. The results showed mild to moderate degenerative changes at multiple levels with slight disc bulges and mild foraminal narrowing. There is no focal protrusion or central stenosis. Consequently, absent clinical documentation with objective findings indicating tenderness over the facet joints and lumbar spine with MRI

findings inconsistent with facet joint arthropathy, right medial branch blocks L5 - S1 is not medically necessary.

Left medial branch block at L5-S1, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Left L5-S1 medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are lumbar facet syndrome; spinal/lumbar degenerative disc disease; and low back pain. The documentation indicates the injured worker was treated in 2011. There is no interval treatment documentation between September 2011 and February 5, 2015. Subjectively, the injured worker complains of numbness and tingling of the bilateral arms, bilateral hands, and bilateral legs. There is weakness of the bilateral hands and right leg. The injured worker complains of mid-low back pain and right hip pain. Symptoms at best are 2/10 and symptoms without medications or 4/10. Objectively, the injured worker has no tenderness to palpation overlying the lumbar spine. There is no lumbar facet loading pain on examination. There is no pain in the hip with internal and external rotation. The treating physician states medial branch blocks are supported by MRI findings of facet joint arthropathy. The MRI of the lumbar spine dated November 21, 2011 does not contain objective findings of facet joint arthropathy. The results showed mild to moderate degenerative changes at multiple levels with slight disc bulges and mild foraminal narrowing. There is no focal protrusion or central stenosis. Consequently, absent clinical documentation with objective findings indicating tenderness over the facet joints and lumbar spine with MRI findings inconsistent with facet joint arthropathy, left medial branch blocks L5 - S1 is not medically necessary.