

<b>Case Number:</b>	CM15-0083863		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53 year old male who sustained an industrial injury on 04/12/2013. Diagnoses include compression fracture T11, thoracic myofascial strain, lumbar myofascial strain, lumbar facet arthropathy. Treatment to date has included diagnostic studies, medications, aquatic therapy, and injections. A physician progress note dated 03/11/2015 documents the injured worker complains of neck and low back pain. The injured worker states he has a cervical fusion planned on 04/02/2015. He reports aching pain in his neck and rates it as a 4 out of 10 on the pain scale. He reports numbness and tingling in his left upper extremities into his 2nd, 3rd, 4, and 5th digits of his left hand. He has an aching pain in his lower back. He has a constant numbness in his left leg. His medications include Oxycodone 15mg 1-3 tablets per day and he reports relief for about 2 hours with this medication. Magnetic Resonance Imaging of the cervical spine dated 2/19/2015 revealed broad base of disc bulge/osteophyte at C5-C6 which causes moderate central stenosis with contouring of the anterior spinal cord and this has mildly worsened since the prior study. There is severe bilateral foraminal stenosis at C5-C6, stable, broad based right lateral disc protrusion at C4-C5 with associated uncovertebral osteophyte formation causing moderate to severe right foraminal stenosis-stable, mild to moderated left foraminal stenosis at C3-C4-stable, and moderate right maxillary chronic sinusitis. Magnetic Resonance Imaging of the lumbar spine done on 05/16/2014 revealed L5-S1 interval increase broad-based posterior protrusion touching the bilateral descending S1 nerve roots and resulting in increased moderate to severe right foraminal stenosis and unchanged moderated left foraminal stenosis, mild degenerative disc disease, and chronic severe T11 compression fracture. There is

tenderness to palpation at T10-T11 spinous processes and bilateral thoracic paraspinals. Lumbar spine is midline. Cervical, thoracic and lumbar structure rotation is intact and symmetric except mildly limited in lumbar extension. Facet loading is positive left lumbar. Treatment requested is for Medial branch blocks at left L4-L5 and L5-S1, Medial branch blocks at left T-10-T-11 and T-11-T-12, and a TENS unit.

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

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

#### **Medial branch blocks at left T-10-T-11 and T-11-T-12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks.

**Decision rationale:** As the California MTUS does not specifically discuss medial branch blocks in cases of back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents do not provide sufficient evidence for failure of conservative treatment modalities (there are no provided documents from physical therapy if it occurred, and only notional mention of a history of attempted aquatic therapy), and therefore the request is not medically necessary at this time based on the provided records.

#### **Medial branch blocks at left L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks.

**Decision rationale:** As the California MTUS does not specifically discuss medial branch blocks in cases of back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents do not provide sufficient evidence for failure of conservative treatment modalities (there are no provided documents from physical therapy if it occurred, and only notional mention of a history of attempted aquatic therapy), and therefore the request is not medically necessary at this time based on the provided records.

**TENS 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 Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** With respect to chronic pain and according to the MTUS, 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 conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case, a treatment plan outlining short and long term goals for TENS therapy has not been established per the provided records, and it is unclear if the request is for purchase or rental. Therefore, at this time and based on the provided records, the request for TENS is not medically necessary.