

Case Number:	CM15-0001417		
Date Assigned:	01/12/2015	Date of Injury:	01/15/2002
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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, Arizona

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 39-year-old male who reported an injury on 01/15/2002. The mechanism of injury was not provided. On 12/02/2014, the injured worker presented with complaints of pain to the low back. Upon examination of the lumbar spine, the injured worker presented with a normal gait; had no gross deformity; and no evidence of scoliosis. There was tenderness to palpation over the paravertebral muscles bilaterally. There was no evidence of tenderness over the sacroiliac joints bilaterally. There was no tenderness of the sciatic notch. There was 5/5 strength and decreased range of motion. Diagnoses were left leg radiculopathy and L5-S1 disc degeneration. The provider noted that the injured worker used the TENS unit in the past, which provided temporary relief of pain. The provider recommended a bilateral L4-S1 medial branch block, a replacement TENS unit purchase and supplies, and pain management evaluation. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criterial for the use of diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Diagnostic Block.

Decision rationale: The request for bilateral L4-S1 medial branch block is not medically necessary. The California MTUS Guidelines state that diagnostic and/or therapeutic injections may be beneficial for injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines state that the criteria for use of a diagnostic block is limited to injured workers with pain that is non radicular; no more than 2 joint levels to be injected in 1 session; and evidence of conservative care to include home exercise, physical therapy, and medications for 4 to 6 weeks prior to the injection. The documentation submitted for review noted the injured worker had decreased range of motion with intact sensation to light touch in the bilateral lower extremities. There was a positive facet loading test, 5/5 strength, and a negative straight leg raise. There was a lack of facetogenic pain over the L4-S1 region. Additionally, there is a lack of documentation that the injured worker failed conservative treatment to include physical therapy, medications, and home exercise. As such, medical necessity has not been established.

Replacement TENS unit purchase/supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The request for replacement TENS unit purchase with supplies is not medically necessary. The California MTUS Guidelines state that TENS unit is not recommended as a primary treatment modality. There should be a 1 month home based trial and may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence based functional restoration. The provider noted that the injured worker had a TENS unit, which allowed him to avoid increasing narcotic medications and continue working. However, there were no objective functional improvements noted. There was additionally no information on where the previous TENS unit was broken; it could be repaired versus replaced. The site at which the TENS unit was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.

Pain management consult: 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), Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 63.

Decision rationale: The request for a pain management consult is not medically necessary. The California MTUS/ACOEM guidelines state that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of clinical stability. A clear rationale was not provided to support the need for consultation. As such, medical necessity has not been established.