

Case Number:	CM15-0114551		
Date Assigned:	06/22/2015	Date of Injury:	10/15/2014
Decision Date:	07/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 45 year old female, who sustained an industrial injury on 10/15/2014. She reported low back pain. Diagnoses have included lumbar facet arthropathy, coccydynia and diabetic peripheral neuropathy. Treatment to date has included chiropractic therapy treatment and medication. Magnetic resonance imaging (MRI) from 12/26/2014 showed L5-S1 diffuse disc bulge with annular tear indenting the thecal sac causing mild spinal canal narrowing and mild to moderate neural foraminal narrowing. According to the progress report dated 4/20/2015, the injured worker complained of low back pain. She reported taking Ibuprofen with good benefit. She stated that she felt the numbness and tingling in her legs had improved. Physical exam revealed tenderness to palpation over the lumbar paraspinal muscles. Muscle spasms were noted. Lumbar facet stress test reproduced typical daily pain. Authorization was requested for bilateral lumbar medial branch blocks at L3-5 and a transcutaneous electrical nerve stimulation (TENS) unit evaluation and instruction.

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, L3-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Medial Branch Blocks/ Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Medial Branch Blocks/ Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, 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 relief 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, not identified here. There is no report of acute flare-up or change for this injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with identified disc protrusion, neural foraminal stenosis on MRI, and performed over 2 joint levels (L3, L4, L5) concurrently and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this injury. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral lumbar medial branch block, L3-5 is not medically necessary and appropriate.

TENS eval+ instruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS eval+ instruction is not medically necessary and appropriate.

