

Case Number:	CM15-0119688		
Date Assigned:	06/30/2015	Date of Injury:	12/12/2005
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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, Pain Management

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 60 year old male sustained an industrial injury on 12/12/05. He subsequently reported back and right knee pain. Diagnoses include lumbar facet joint syndrome, chronic lumbar strain and lumbago. Treatments to date include x-ray and MRI testing, TENS therapy, acupuncture, ablation procedure, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there is tenderness to palpation in the lower lumbar paraspinals over the facet joints. Lumbar extension is restricted. Lumbar facet provocative maneuvers are positive bilaterally. A request for Injection facet radiofrequency, at bilateral L4/5 and L5/S1 qty 1 and DME; Replacement TENS unit with supplies qty 1 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection facet radiofrequency, at bilateral L4/5 and 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, Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for repeat radiofrequency, CA MTUS does not specifically address the issue. ODG cites that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief and it depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. Within the documentation available for review, the patient did receive some pain relief from the previous procedure, but this was not noted to be at least 50% and accompanied by functional improvement and decreased medication usage. In the absence of clarity regarding these issues, the currently requested repeat radiofrequency is not medically necessary.

DME; Replacement TENS unit with supplies qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, the patient was previously utilizing TENS and the unit is said to be nonfunctional and in need of replacement. However, there is no indication of efficacy from prior use including amount of pain relief, functional improvement, decreased pain medication usage, etc. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.