MAXIMUS Federal Services

Case Number:	CM15-0167431		
Date Assigned:	09/30/2015	Date of Injury:	09/04/2003
Decision Date:	11/16/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 4, 2003. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve requests for a TENS unit and a multi-level lumbar medial branch block. The claims administrator referenced an RFA form received on July 14, 2015 and an associated progress note of July 9, 2015 in its determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of low back pain. The note was difficult to follow, was some 9 pages long, and did mingle historical issues with current issues. The attending provider stated toward the top of the note that the applicant was working full time. The applicant's medication list included Lyrica, Suboxone, chlordiazepoxide, Depakote, Neurontin, Motrin, and Lamictal, it was stated. The applicant's BMI was 31. The applicant exhibited limited lumbar range of motion with a normal gait and tenderness about the lumbar paraspinal musculature. The applicant was given diagnosis of facet syndrome versus degenerative disk disease versus sacroiliac joint pain. Painful motor function testing was also reported. The attending provider alluded to drug testing of October 2014 on which the applicant tested positive for marijuana. A TENS unit 1-month trial was sought to minimize the applicant's medication consumption. Multilevel medial branch blocks were sought to determine the applicant's suitability for radiofrequency neurotomy procedures. The attending provider stated that the applicant could also consider a lumbar epidural steroid injection at a later point. Suboxone and Lyrica were renewed while the applicant was returned to regular duty work. On

July 9, 2015, the attending provider reiterated that the applicant was working full time. It was, once again, acknowledged that the applicant was using Lyrica at this point. A TENS unit was endorsed to try and diminish the applicant's medication consumption. An associated RFA form of July 14, 2015 was nonspecific but suggested that the TENS unit was being endorsed on a purchase basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with beneficial outcomes present in terms of both pain relief and function. Here, however, the July 9, 2015 progress note and July 14, 2015 RFA form at issue seemingly suggested that the TENS unit in question was being ordered on a purchase basis without having the applicant first to undergo a 1-month trial of the same. While a subsequent progress note of August 6, 2015 did suggest that the attending provider was reframing or re-characterizing the request as a request for a 1-month trial of said TENS unit, the request, as written, per the IMR application and per the RFA form of July 14, 2015, seemingly represented a request for purchase of the device without having the applicant first to undergo a 1-month trial of the same. Therefore, the request was not medically necessary.

Right L3, L4, L5 and S1 medial branch block: 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, Lumbar and thoracic, (acute and chronic), Facet joint injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders Chapter, page 604.

Decision rationale: The request for a multi-level lumbar medial branch block was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that radiofrequency neurotomy procedures should be performed only in applicants who have undergone earlier successful diagnostic medial branch blocks, as was seemingly proposed here, this recommendation is, however, qualified by

commentary in the MTUS Guideline in ACOEM Chapter 12, page 300 to the effect that invasive techniques, as a whole, are of "questionable merit" and by commentary made in the Third Edition ACOEM Guidelines Low Back Disorders Chapter to the effect that diagnostic facet injections (AKA medial branch blocks) are not recommended for treatment of radicular pain syndrome. Here, the attending provider's documentation and progress notes of July 9, 2015 and August 6, 2015 seemingly suggested that lumbar radiculopathy was, in fact, one of the suspected diagnoses. The applicant was using Lyrica, it was suggested on both dates, presumably for residual radicular pain complaints. The attending provider stated on July 9, 2015 that he would consider epidural steroid injections at a later point, again suggesting that the applicant in fact had issues with suspected radicular pain present on that date. The attending provider failed to furnish a clear or compelling rationale for pursuit of medial branch blocks in the face of (a) the tepid-to-unfavorable ACOEM position(s) on the same and (b) in the face of the considerable lack of diagnostic clarity present here. Progress notes of July 9, 2015 and August 6, 2015 did seemingly suggest that a variety of items were in the differential diagnosis list, including lumbar facet syndrome, degenerative disk disease, sacroiliac joint pain, radicular pain, etc. Therefore, the request was not medically necessary.