

Case Number:	CM15-0068838		
Date Assigned:	04/16/2015	Date of Injury:	12/03/2013
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal 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 59 year old female, who sustained an industrial injury on 12/03/2013. She has reported injury to the neck and low back. The diagnoses have included cervical spine multilevel degenerative disc disease; cervical spine, small disc bulges at C4-5, C5-6, and C6-7; lumbar spine degenerative disc disease for L3-L4 to L5-S1; and lumbar spine multilevel disc protrusions. Treatment to date has included medications, diagnostics, bracing, acupuncture, and physical therapy. Medications have included Norco and Flexeril. A progress note from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain; low back pain; pain is increased with prolonged physical activities; and there is reduced range of motion. Objective findings included tenderness to palpation over the midline of the cervical spine, bilateral paraspinals, bilateral upper trapezius, and bilateral rhomboids; and tenderness to palpation over the lumbar spine. The treatment plan has included the request for TENS (transcutaneous electrical nerve stimulation) unit purchase and Diagnostic Facet Injections at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. The primary treating physician's progress report dated 3/19/15 documented neck and low back pain. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates that TENS is not recommended. ACOEM Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Therefore, the request for a TENS unit is not supported by ACOEM / MTUS guidelines. Therefore, the request for TENS unit is not medically necessary.

Diagnostic Facet Injections at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks, Facet joint therapeutic steroid injections. Work Loss Data Institute Neck and Upper Back (Acute & Chronic) 2013, <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that invasive techniques,

such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute Guidelines for the Neck and Upper Back (Acute & Chronic) indicates that facet joint therapeutic steroid injections are not recommended. Official Disability Guidelines (ODG) indicate that therapeutic intra-articular and medial branch blocks are not recommended. Medial branch block procedure is generally considered a diagnostic block. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. The primary treating physician's progress report dated 3/19/15 documented neck and low back pain. Facet injections at C7-T1 were requested. ACOEM 2nd Edition (2004) Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints indicates that facet injection of corticosteroids and diagnostic blocks are not recommended. The request for facet injections at C7-T1 are not supported by ACOEM & MTUS Guidelines. Therefore, the request for facet injections at C7-T1 is not medically necessary.