MAXIMUS Federal Services

Case Number:	CM14-0147220		
Date Assigned:	09/15/2014	Date of Injury:	09/07/2009
Decision Date:	08/21/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/10/2014

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: 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 injured worker is a 53-year-old female who sustained an industrial injury on 9/7/09. She reported injury to her neck, left upper extremity and back. The injured worker was diagnosed as having cervical degenerative disc disease, left upper extremity repetitive strain syndrome, left shoulder rotator cuff tear, left thoracic outlet syndrome and paracentral disc extrusion at C5-C6. Treatment to date has included Pennsaid, Naproxen, physical therapy, acupuncture, a left C5-C6 transforaminal injection in 2011 with no relief and an EMG of the upper extremities in 2009 with normal results. As of the PR2 dated 7/24/14, the injured worker reports continued neck pain and headaches with photophobia and phonophobia. Objective findings include decreased cervical range of motion and tenderness to palpation at myofascial trigger points in the levator scapula, trapezius and rhomboid muscles. The treating physician requested a TENs unit trial x 30 days and a medial branch block at left C5-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit trial x 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): Chp 3 pg 48; Chp 8 pg 181; Chp 9 pg 203, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the California Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. Documentation of functional improvement is key for continued use. For this patient, other modalities have been used with documented no or only partial success (physical therapy, acupuncture, medications and steroid injection) in lessening the pain. There is documented improvement in the patient's activities of daily living or a reduction in work restrictions but the work restrictions only allow light duty. At this point in the care of this patient a one month trial of TENS does make sense to see if more functional return of activity can be achieved. Medical necessity has been established.

Medial branch blocks C5-C7 on left: Overturned

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, Neck and Upper Back Chapter, Facet joint pain, signs & symptoms and Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: http://www.guideline.gov/content.aspx?id=45379#Section420.

Decision rationale: A medial branch block is an injection of a steroids and/or anesthetics on the medial branch nerves that supply the facet joints. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The American Society of Interventional Pain Physicians guidelines note good evidence for diagnostic cervical facet joint blocks and recommend its use for diagnostic purposes. However, the guideline notes only fair evidence for therapeutic cervical medial branch blocks but still recommends its use if a diagnostic block confirms a facet joint etiology of the chronic neck pain. The MTUS guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections.

Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS, the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient meets these criteria and the request is for a diagnostic block, which is supported as per the above discussion. Medical necessity for this procedure has been established.