

<b>Case Number:</b>	CM13-0003165		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Preventive Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 48-year-old female with a 2/19/13 date of injury. At the time (7/3/13) of request for authorization for transforaminal epidural steroid injection and EMPI lumbar TENS unit support belt, there is documentation of subjective (low back pain radiating to the right thigh with numbness and weakness) and objective (decreased sensation over the right S1 dermatome; reflexes 1+ bilaterally in the patella and 2+ bilaterally over the Achilles tendon; tenderness to palpation over the lumbar spinous processes and paraspinal musculature; positive straight leg test bilaterally; positive Braggart's test; positive Fabere test; Goldthwaite test producing low back pain at L5-S1; decreased lumbar spine range of motion; and altered gait) findings, imaging findings (MRI lumbar spine (4/8/13) report revealed tear of annulus and mild facet arthropathy at L5-S1 with rest of lumbar interspaces appearing unremarkable), current diagnoses (lumbar spine neuropathy/radiculitis and lumbosacral strain), and treatment to date (physical modalities, home exercise program, and medications). Regarding EMPI lumbar TENS unit support belt, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery, as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session, as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine neuropathy/radiculitis and lumbosacral strain. In addition, there is documentation of subjective findings (low back pain radiating to the right thigh with numbness and weakness), objective findings (decreased sensation over the right S1 dermatome; reflexes 1+ bilaterally in the patella and 2+ bilaterally over the Achilles tendon; tenderness to palpation over the lumbar spinous processes and paraspinal musculature; positive straight leg test bilaterally; positive Braggart's test; positive Fabere test; Goldthwaite test producing low back pain at L5-S1; decreased lumbar spine range of motion; and altered gait), and conservative treatment (physical modalities, home exercise program, and medications). However, given no documentation of the specific nerve root levels to be addressed, there is no documentation subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, given documentation of imaging findings (MRI lumbar spine (4/8/13) report revealed tear of annulus and mild facet arthropathy at L5-S1 with rest of lumbar interspaces appearing unremarkable), there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for transforaminal epidural steroid injection is not medically necessary.

**EMPI LUMBAR TENS UNIT SUPPORT BELT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of lumbar spine neuropathy/radiculitis and lumbosacral strain. In addition, there is documentation of pain of at least three months duration and that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for EMPI lumbar TENS unit support belt is not medically necessary.