

Case Number:	CM13-0006722		
Date Assigned:	08/30/2013	Date of Injury:	11/09/2011
Decision Date:	01/03/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation, has 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 physician 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.

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 underlying date of injury in this case is 11/09/2011. The mechanism of injury is that the patient reported her low back and hip started hurting when she was unloading a container with food. Treating diagnoses include lumbar sprain and lumbar disc displacement. This patient previously received an epidural injection, although 6-8 weeks have not yet elapsed to clarify the duration of benefit from that treatment. As of the initial physician review, the patient had noted a 75% reduction in symptoms from the past epidural injection. Additionally, the physician reviewer noted that continued rental of a TENS unit was not supported given limited information regarding the efficacy of the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued rental of TENS Unit (no amount noted): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on TENS, page 114, states, "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." If a TENS unit is deemed to be successful, then the guidelines would support a request for a

purchase. The guidelines do not support a rationale instead for a continued rental. The records do not provide an alternative rationale for a continued rental. Therefore, this request is not medically necessary.

Second lumbar epidural steroid injection left L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "A second block is not recommended if there is inadequate response to the first block." The initial physician reviewer appears to have noncertified a request for a second epidural injection utilizing the guidelines in the therapeutic phase. However, the medical records in this case suggest that this second epidural injection is considered to be a second diagnostic injection, which does not have the requirement to wait a given period of time. Overall, the medical records indicate that this employee did receive an anticipated response from the first epidural injection. The request for a second injection is medically necessary.