

Case Number:	CM13-0007855		
Date Assigned:	09/13/2013	Date of Injury:	11/28/2012
Decision Date:	01/09/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/07/2013

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 Physical Medicine and Rehabilitation, 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 11/28/2012. The primary diagnosis is 847.2 or lumbar sprain. Multiple treating physician notes are handwritten and only partially legible. A prior physician peer review notes that this patient has reported continued daily low back pain and stiffness along with radiating pain down her lower extremity daily. Her sensation has been noted to be decreased in the right L5 and S1 dermatomes and left L4, L5, and S1 dermatomes. The prior physician review recommended certification of 1 set of injections but not 2 sets of injections since the guidelines only support 1 initial epidural steroid injection. A prior reviewer noted that TENS was supported by the Medical Treatment Utilization Schedule but neuromuscular electrical stimulation was not recommended. A noted physician prescription in this case specifically requests a TENS purchase on a form with the fax date of 08/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Bilateral L5-S1 and S1 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on 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." Therefore, the guidelines would not support an initial certification of 2 epidural injections, but rather the guidelines would support 1 initial injection with follow-up thereafter regarding efficacy. Therefore, the request at this time for bilateral L5 and S1 transforaminal epidural injections x2 is not medically necessary.

TENS unit 30 day trial, QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on TENS, page 114, states, "Not recommended as a primary treatment modality, but 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." The guidelines in this case have evidence to support neuropathic pain which may be amenable to a TENS unit. The guidelines would support a rental of a TENS unit for 30 days rather than initial purchase. The current request is for a 30-day trial of a TENS unit. This request is medically necessary.