

<b>Case Number:</b>	CM13-0026178		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Internal 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 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. 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:

The patient is a 40-year-old female who reported an injury on 12/03/2012 due to repositioning a patient causing discomfort in her low back. The patient was initially treated conservatively with medications and physical therapy. The patient underwent an MRI that revealed disc bulges at L5-S1 and L4-5 levels with no effacement of the thecal sac or impingement of the exiting nerve roots. The patient's most recent clinical exam findings included globally decreased touch in the bilateral lower extremities in a non-dermatomal fashion, normal lower extremity reflexes, and 5/5 strength. The patient's diagnoses included lumbosacral radiculopathy and degenerative disc disease. The patient's treatment plan included an epidural steroid injection and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit purchase bilateral L4-5 and L5-S1 transforaminal ESI with sedation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit and Epidural Steroid Injections Page(s): 46;114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injections

**Decision rationale:** The requested TENS unit for purchase and bilateral L4-5 and L5-S1 transforaminal epidural steroid injection with sedation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is participating in a home exercise program. California Medical Treatment Utilization Schedule recommends a TENS unit for purchase be based on a 30 days trial that provides significant functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a 30 days trial. Therefore, the efficacy is not established to support the purchase of this equipment. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients with radicular symptoms associated with requested dermatomal distributions that are supported by an imaging study and have been non-responsive to conservative treatments. The clinical documentation submitted for review does not provide any evidence of specific dermatomal distributions to support L4-5 and L5-S1 radiculopathy. Although an MRI is provided, no neurological pathology is identified. Official Disability Guidelines do not recommend the use of sedation with epidural steroid injections unless there is a documented significant level of anxiety towards the procedure. The clinical documentation submitted for review does not provide any evidence that the patient cannot undergo this procedure without the addition of sedation. As such, the requested TENS unit purchase bilateral L4-5 and L5-S1 transforaminal epidural steroid injection with sedation is not medically necessary or appropriate.