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| <b>Case Number:</b>   | CM13-0042480 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 08/30/2007 |
| <b>Decision Date:</b> | 02/11/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/18/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53-year-old female with a date of injury on 08/30/2007. The progress report dated 10/02/2013 by ██████ noted that the patient's diagnosis includes: Degenerative disk disease, lumbar. The patient continues to complain of low back pain, which radiates down the lateral aspect of both lower extremities to all toes of both feet. Physical exam findings include: Tenderness in the midline of the lower lumbar spine, antalgic gait with both heel and toe ambulation. Decreased range of motion in extension. There is a sensory deficit to light touch in the right lower extremity with reduced sensation to light touch along the anterior right thigh and the anterior, lateral, and posterior right leg. The left leg has normal sensation. The patient has positive straight leg raise testing at 6 degrees bilaterally with pain radiating to the patient's toes. The patient has MRI of the lumbar spine dated 10/18/2010 which showed minimal loss of disk signal with preservation of height and shallow disk bulge, slightly asymmetrical dorsolateral to the right with evidence of right dorsolateral annular tear, no significant stenosis. At level L5/S1, there is mild loss of disk signal and disk height with shallow disk bulge and 3 mm dorsal central disk protrusion. The patient was requesting a second lumbar epidural steroid injection and reporting that the first one provided good relief. The utilization review letter dated 10/17/2013 reported that there was an EMG/NCS completed on 02/22/2012, the conclusion was normal bilateral lower extremity nerve conduction studies and needle EMG examination with no findings for polyneuropathy, focal entrapment or neuropathy or lumbar radiculopathy. The patient had been on Flexeril and has reported that it was not working as well. Therefore, the provider had prescribed Soma. The patient also recommended TENS unit purchase as the patient had undergone a trial with a TENS unit during physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 1po q 8 hrs PRN spasm #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Section Page(s): 29.

**Decision rationale:** The patient continues with chronic low back pain and the records indicate the patient was switched from Flexeril to Soma as they were no longer getting decreased pain benefit with the Flexeril. MTUS page 29 regarding Soma states that it is not recommended. Also, this patient is on tramadol for pain relief and MTUS further state that Soma has been known for its abuse to augment or alter effects of other drugs such as with tramadol to produce relaxation and euphoria. This medication is not recommended by MTUS Guidelines. Therefore, recommendation is for denial.

**TENS unit for home:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114-116.

**Decision rationale:** The patient continues with chronic low back pain. The treating provider indicates that the patient has undergone a trial with a TENS unit during physical therapy and was recommending that she be provided with a home unit. I reviewed the progress reports from 03/08/2013 to 12/02/2013, a total of 8 progress reports, no additional information was given in regards to the amount of TENS unit therapy the patient had received and its benefits. MTUS page 116 regarding the criteria for the use of TENS unit states that a 1-month trial period of TENS unit should be documented as an adjunct to ongoing treatment modalities within a Functional Restoration Approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The treating provider failed to document any functional improvement the patient had received with the trial of TENS unit therapy, how often the unit was used, as well as outcomes in terms of pain relief. Recommendation is for denial.

**Bilateral lumbar transforaminal ESI at L4-5 and bilaterally at L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** The records indicate that the patient continues with low back pain which radiates down the lateral aspect of both lower extremities. The patient had reported good results with previous epidural steroid injection. However, the provider does not indicate how much relief the patient received and for how long. No additional information was provided in the 8 visits I had reviewed between 03/08/2013 and 12/02/2013. MTUS page 46 and 47 regarding epidural steroid injections state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. None of the reports I reviewed contained any of this information. Therefore, recommendation is for denial.