MAXIMUS Federal Services

Case Number:	CM13-0044115		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2012
Decision Date:	05/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 licensed in Chiropractic and is licensed to practice in Texas. 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:

The injured worker is a 45-year-old male cement mason, whose date of injury is 07/18/2012, when cutting rebar using hydraulic tools and crushed his right thumb. He also notified his employer of ongoing low back pain on 07/31/2012, with no specific mechanism of injury described. The injured worker was seen on 06/27/2013, with multiple subjective complaints including intermittent left shoulder pain; ongoing left elbow pain; ongoing right hand/thumb pain; and ongoing low back pain that radiates to the right lower extremity with numbness, tingling and weakness. On physical examination, the injured worker was reported to be 5'6" tall and 220 pounds. He has antalgic gait and ambulates with a cane. He is not able to perform toe and heel walk. There was tenderness to palpation over the lumbar paravertebral area with moderate spasm; tenderness over the paraspinous muscles over the lower lumbar spine; no tenderness over the bilateral sacroiliac joints. The range of motion testing was deferred due to pain. The straight leg raise was reported as positive on the right at 60 degrees, but for low back pain only. The deep tendon reflexes and motor examination were within normal limits. Sensation was decreased at the bilateral lateral calf, and on the right posterior calf/outer foot. An MRI from 05/02/2013 reportedly showed disc protrusions at several levels; severe canal stenosis and foraminal narrowing at L3-4; foraminal stenosis as well as degenerative changes and facet hypertrophy at L4-5 and L5-S1. A TENS unit was prescribed, and the injured worker was recommended to undergo a series of epidural steroid injections to the lumbar spine. A utilization review determination dated 10/14/13 non-certified both the TENS unit and the epidural steroid injection. The determination references a 09/24/13 report of pending lumbar epidural steroid injections that were to be completed on 09/18/13, which would have the potential to eliminate the need for the use of a TENS unit. There also was a lack of documentation of an ongoing active

care program. It further was noted that the request for epidural steroid injection appears to be a duplicate request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT WITH SUPPLIES FOR THREE (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

Decision rationale: The Chronic Pain Guidelines indicate that the use of TENS unit for chronic pain is not recommended as a primary treatment modality, but a one (1) month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no evidence of an ongoing functional restoration program, nor is there documentation of a successful thirty (30) day trial of TENS. According to the progress note dated 10/03/13, the injured worker is not undergoing any type of physiotherapy or other modes of treatment at this time. The documentation does not support the need for TENS unit with supplies times three (3) months.

ONE (1) EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPDIRUAL STEROID INJECTIONS (ESIs),. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPDIRUAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines recommend epidural steroid injection as an option for treatment of radicular pain for the purpose of reducing pain and inflammation, restoring range of motion and thereby facilitating progress in active treatment programs and avoiding surgery. The criteria for the use of epidural steroid injection require that radiculopathy must be documented on clinical examination and corroborated by imaging studies and/or electrodiagnostic testing, with evidence that the patient initially was unresponsive to conservative treatment. The documentation submitted for review did not include a comprehensive history of treatment to date for the lumbar spine including physical therapy/home exercise program or other conservative measures. While there is some evidence of radiculopathy on physical examination with diminished sensation noted on the right in the L5-S1 distribution, there were no imaging studies submitted for review with objective evidence of nerve root impingement at any level of the lumbar spine. Electrodiagnostic testing was performed in the upper extremities on 05/31/13, but there was no evidence that an electromyography/nerve

conduction velocity (EMG/NCV) of the lower extremities was performed. The progress note dated 10/3/13 reflects that the injured worker reported no improvement following a lumbar epidural steroid injection on 09/18/13. The guidelines indicate that repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight (6-8) weeks. As such, medical necessity has not been established for lumbar epidural steroid injection.