

Case Number:	CM13-0069325		
Date Assigned:	01/03/2014	Date of Injury:	03/13/2010
Decision Date:	05/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/20/2013

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 Board Certified in Physical Medicine and Rehabilitation; Pain Management 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 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 patient is a 57-year-old female with date of injury of 03/13/2013. The listed diagnoses per [REDACTED] dated 11/19/2013 are: 1. Lumbar disk disease. 2. Lumbar radiculopathy. 3. Left sacroiliac joint arthropathy. 4. Right knee internal derangement. According to the report, the patient complains of pain in the lower back which she rates as 7.5/10 to 8/10. The pain is going down to the tailbone, left side of the buttock, and the right leg. The examination shows the patient is well-developed, well-nourished, in no apparent distress. Her gait is antalgic to the right. There is diffuse tenderness noted over the paraspinal musculature. There is moderate facet tenderness noted at L4 to S1. Sacroiliac thrust test is positive on the left, Fabere's/Patrick's test is positive on the left. Seated straight leg raise is positive at 60 degrees on the right and 70 degrees on the left. Supine straight leg raise is positive at 50 degrees on the right, and 60 degrees on the left. The utilization review denied the request on 12/16/2013. The physician is requesting a bilateral L4-L5 transforaminal epidural injection x2 and an electrical muscle stimulation unit for a 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS TWO (2): Upheld

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

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

Decision rationale: The patient presents with low back pain. The physician is requesting bilateral L4-L5 transforaminal epidural steroid injection x 2. The MTUS Guidelines page 46 and 47 on lumbar epidural steroid injection states, "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS does not support a "series-of-three" injections and no more than 2 ESI injections in most cases. In this patient, the MRI of L-spine from 09/24/2013 showed at L4-L5 a 5-mm right foraminal disk protrusion and a 4-mm left foraminal disk protrusion. Records show that the patient has utilized drug therapy, activity modifications, and physical therapy with no significant relief. The patient has not tried an ESI yet. Examination from 11/19/13 showed a positive straight leg raise bilaterally with pain down the right leg and left buttock. The leg symptoms are not described in a dermatomal distribution. If the patient experienced pain down the both legs in L4 nerve distribution, then transforaminal injections would be appropriate. However, in this case, the treater does not describe L4 nerve root pain and the request is for two injections. MTUS allows for one injection and for repeat injection, 50% reduction of pain along with functional improvement from the first injection. The request is not medically necessary.

ELECTRICAL MUSCLE STIMULATION UNIT; THIRTY (30) DAY TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

Decision rationale: The patient presents with low back pain. The treater is requesting an electrical muscle stimulation unit for 30 days. The MTUS Guidelines page 121 on neuromuscular electrical stimulation state, "not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." The request is not medically necessary.