

<b>Case Number:</b>	CM13-0069395		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Occupational 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 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:

This is 28 year-old female who has reported neck, shoulder, and low back pain after an injury on 3/6/12. She has been diagnosed with cervical radiculopathy, lumbar degenerative disc disease, lumbar radiculopathy, and shoulder impingement. A lumbar MRI was reported to show degenerative changes with no specific nerve root compression. Treatment has included analgesics, injections, and physical therapy. On 11/30/12, right L4 and L5 transforaminal epidural steroid injections were given. On 12/12/12, the treating physician stated that the epidural steroid injection did not help. Work status was temporarily totally disabled. Multiple medications were prescribed. Physical therapy and/or chiropractic care was continued through January 2013, with a total of 47 visits as of 1/17/13. No significant benefit was documented. Work status remained as temporarily totally disabled as of 1/9/13, with description of functional improvement. On 2/22/13, a treating physician stated that the last lumbar epidural steroid injection provided good pain relief for six weeks with improved walking ability. There was no description of specific functional improvement. On 10/9/13, the lumbar epidural steroid injection reportedly helped temporarily, and a repeat epidural steroid injection was recommended. There was low back and right leg numbness. No physical findings were described. A TENS unit was mentioned, but not discussed. On 11/6/13, an epidural steroid injection was recommended without any additional information presented. Work status remained as temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** No physician reports address the specific medical necessity for a TENS unit. The Chronic Pain Medical Treatment Guidelines list the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The treatment plan should include a functional restoration approach and one month trial with specific goals, among other things. None of this kind of information was provided. Given the lack of clear indications in this patient, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit is not medically necessary.

**LAST LUMBAR EPIDURAL AND NECK EPIDURAL:** 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 Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines describe the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy, documented by physical examination, and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program, or a concurrent more active treatment program. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injection. There was no improvement in work status, no decrease in medications, and no specific increases in function. An epidural injection is not medically necessary based on the MTUS guidelines.