

<b>Case Number:</b>	CM14-0001009		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 36-year-old male who was injured on July 9, 2008. The patient continued to experience pain in his lower back, with numbness in his left leg. Physical examination was notable for normal gait, tenderness to spinal column, left paraspinal region, positive left straight leg raise, decreased sensation left L5 and S1 dermatomes, and 4/5 strength in the extensor hallucis longus and tibialis anterior. MRI of the lumbar spine, dated 10/4/2013, reported degenerative disc disease, and facet arthropathy with postoperative changes at L4/5 and neural foraminal narrowing at L4-5 moderate left, mild right, and L5-S1 moderate to severe bilaterally. Prior treatment included microdiscectomy at L4-5 (December 4, 2008), acupuncture, physical therapy, epidural steroid injections, and rhizotomy. The patient had a total of 3 epidural steroid injections which did not help his symptoms. Requests for authorization for one transforaminal epidural steroid injections left at L4, L5, and S1 and TENS unit supplies were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TRANSFORAMINAL EPIDURAL STEROID INJECTION LEFT SIDE AT L4, L5 AND S1:** 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 Pain Interventions And Guidelines Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. No more than two nerve root levels should be injected using transforaminal blocks. In this case the patient's prior treatment with epidural steroid injections had not been successful in relieving the patient's pain. Lack of past progress is an indicator that future therapy is unlikely to be effective. In addition the request is for injection at 3 nerve roots, when no more than two is recommended. The request is not medically necessary.

**ONE TENS UNIT SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain, and Criteria For The Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation), Pain Interventions And Guidelines, Page 46.

**Decision rationale:** TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. The TENS unit is therefore not medically necessary.