

Case Number:	CM14-0002701		
Date Assigned:	02/10/2014	Date of Injury:	08/03/2012
Decision Date:	08/01/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 45-year-old male who reported an injury on 08/03/2012. The mechanism of injury was not provided for the clinical review. The diagnoses were not provided for the clinical review. Previous treatments included 2 epidural steroid injections, physical therapy, medications and an EMG. Within the clinical note dated 06/14/2013, it was reported, the injured worker complained of back and leg pain. The injured worker underwent an epidural steroid injection several weeks ago, from which he stated that he had some short-term relief, which did provide relief, especially with pain along the right lower extremity. The injured worker reported that the pain had subsided but that he had a recurrence of pain with numbness and tingling down the left leg in a generalized distribution. He rated his pain at a 7/10 in severity. He described his pain as very sharp and shooting with spasms. Upon the physical examination, the provider noted that the injured worker had facet loading that remained positive bilaterally. The injured worker had mild tenderness with palpation around S1. The provider noted that the injured worker had mildly diminished Achilles deep tendon reflexes, which were 2/4 bilaterally, and a positive straight leg raise test. The provider requested for an epidural steroid injection and a TENS unit. However, the rationale was not provided for the clinical review. The clinical documentation submitted was largely illegible. The Request for Authorization was not provided for the clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection (ESI) at the L4-L5 level with Fluoroscopy
guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, page(s) 46 Page(s): 46.

Decision rationale: The request for an interlaminar epidural injection at the L4-5 level with fluoroscopic guidance is not medically necessary. The injured worker complained of back and leg pain. He rated his pain at a 7/10 in severity. The injured worker underwent an epidural steroid injection several weeks ago, from which he stated that he had some short-term relief, which did provide relief, especially with pain along the right lower extremity. The California MTUS Guidelines recommend an epidural steroid injection as an option for the treatment of radicular pain, as defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing as well as initially unresponsive to conservative treatment, exercise, physical methods and NSAIDs and muscle relaxants. The guidelines recommend that if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks. The current research does not support a series of 3 injections in either a diagnostic or the therapeutic phase. The guidelines recommend no more than 2 diagnostic epidural steroid injections. There is a lack of official imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating that the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs and muscle relaxants. The injured worker had previously undergone a lumbar epidural steroid injection at L4-5 with minimal relief. There is a lack of documentation that the injured worker had at least 50% relief with a reduction in medication use for at least 6 to 8 weeks. There is a lack of documentation of functional improvement with the previous epidural steroid injections. There is a lack of documentation showing a significant neurological deficit, such as decreased motor strength, sensation or deep tendon reflexes, in a dermatomal distribution. Therefore, the request for an interlaminar epidural steroid injection at the L4-5 level with fluoroscopic guidance is not medically necessary.

TENS Unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, page(s) 114-116 Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for a TENS unit for purchase is not medically necessary. The injured worker complained of back and leg pain. The injured worker underwent an epidural steroid injection several weeks ago, from which he stated that he had some short-term relief, which did provide relief, especially with pain along the right lower extremity. He rated his pain at a 7/10 in severity. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The guidelines recommends evidence that other appropriate pain modalities have been tried, including medications, and failed. The results of the studies are inconclusive; the published trials do not provide information on the stimulator parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There was a lack of documentation indicating significant deficits upon the physical exam. There was a lack of documentation indicating that the injured worker had an adequate trial of a TENS unit. The guidelines note rental would be preferred over purchase during the trial period. Additionally, the request does not specify a treatment site. Therefore, the request for a TENS unit purchase is not medically necessary.