

Case Number:	CM14-0008542		
Date Assigned:	02/12/2014	Date of Injury:	04/04/2012
Decision Date:	08/04/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 48 year old female who sustained an injury to her low back on 04/04/12 due to a slip and fall injury. The clinical note dated 01/28/14 reported that the injured worker continued to complain of low back pain at 7/10 visual analog scale, that was right greater than left, with lower extremity symptoms. The physical examination noted positive straight leg raise bilaterally; neurologic evaluation of the bilateral lower extremities demonstrated L4, L5, and S1 findings, motor and sensory deficits, right greater than left. An MRI of the lumbar spine noted a broad based central disc protrusion at L4-5 with mild central stenosis; no documentation of neurological impingement; L5-S1, minimal disc protrusion with no evidence of stenosis or neurological impingement. The injured worker was diagnosed with a protrusion at L4-5 and L5-S1 with radiculopathy. A panel qualified medical evaluation (QME) dated 06/06/13 placed the injured worker at maximum medical improvement with non-verifiable radicular complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) Unit Trial for 60 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) chapter Page(s): 114-116.

Decision rationale: The CA MTUS states that while TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given this, the request for a TENS unit trial for 60 days is not indicated as medically necessary.

Epidural Steroid Injection (ESI) L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for an ESI at L4-5 and L5-S1 is not medically necessary. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for an ESI at L4-5 and L5-S1 is not indicated as medically necessary.