

Case Number:	CM14-0015988		
Date Assigned:	06/04/2014	Date of Injury:	01/18/2013
Decision Date:	07/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Illinois. 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 40-year-old male with a reported injury on 01/18/2013. The mechanism of injury was described as a fall. The clinical note, dated 01/08/2014, reported that the injured worker complained of low back and left shoulder pain. The physical examination revealed tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and suboccipital region. It was also reported that there were multiple trigger points and taut bands palpated throughout. Upon examination of the injured worker's lumbar spine, there was tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. It was also reported that there were trigger points and taut bands with tenderness to palpation throughout. The range of motion of the injured worker's lumbar spine demonstrated flexion to 45 degrees, extension to 15 degrees, left lateral bend and right right lateral bend to 20 degrees. It was reported that the injured worker had a positive straight leg raise at 60 degrees to the left. A lumbar spine MRI, dated 04/07/2013, reported L4-5 disc desiccation, and a 4 mm circumferential annular disc bulge extending posteriorly causing neural foraminal stenosis bilaterally. The injured worker's diagnoses include L4-5 herniated nucleus pulposus with left lower extremity radiculopathy, left shoulder internal derangement; and left reducible inguinal hernia. The provider requested selective nerve root block at L4-5 due to the injured worker's pain; and TENS unit trial to decrease the injured worker's pain and increase the injured worker's function. The request for authorization was submitted on 02/05/2014. The injured worker's prior treatments included posterior midline epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The request for selective nerve root block at L4-5 is not medically necessary. The injured worker complained of lumbar spine and left shoulder pain. The treating physician's rationale for the selective nerve root block is due to the injured worker's significant radicular symptoms in the left leg causing him to fall on occasion when his legs give out. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. It is reported that the injured worker has had previous midline epidural injections; however, there is a lack of clinical information provided indicating the efficacy of previous injections with duration of pain relief and objective functional improvements. Furthermore, the guidelines recommend this procedure to be done under fluoroscopy and the request does not contain this recommendation. Given the information provided, there is insufficient evidence to determine appropriateness of L4-5 nerve root block to warrant medical necessity. In addition, the requesting provider did not indicate the amount being requested; as such, the request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit (1 month trial): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for the TENS unit 1 month trial is not medically necessary. The injured worker complained of lumbar spine and left shoulder pain. The treating physician's rationale for the transcutaneous electrotherapy system is to decrease pain and increase function. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain

documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. There is a lack of clinical information indicating the injured worker has chronic intractable pain for a minimal 3 month duration. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Further, the requesting provider did not include a specific short and long term goal of treatment with the utilization of the TENS unit per guideline recommendation. Given the information provided, there is insufficient to determine appropriateness of TENS unit to warrant medical necessity; thus, the request is not medically necessary.