

<b>Case Number:</b>	CM14-0137693		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Internal 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:

The injured worker is a 57 year old female who sustained an injury to her low back on 04/01/13. The mechanism of injury was not documented. The interventional pain management follow up evaluation report dated 05/06/14 noted that the injured worker continued to complain of low back pain which she states is on a scale of 2/10 VAS and radiating into the right lower extremity sometimes only. The injured worker underwent bilateral L4-5 and L5-S1 transforaminal epidural steroid injections that provided 80-90% improvement. The injured worker stated that everything she does following the injection feels a lot better. There is no pain. She is utilizing Ibuprofen when needed. MRI of the lumbar spine dated 10/30/13 reportedly revealed mild thoracolumbar dextroscoliosis; extensive multi-level lumbar spondylitic changes; at L4-5, grade 1 anterolisthesis of L4 on L5 which is in combination with severe facet arthropathy results and severe central canal and bilateral recess stenosis; moderate right sided and mild left sided neuroforaminal stenosis; L5-S1, mild generalized disc bulging with moderate facet arthropathy resulting in moderate to severe central canal and bilateral lateral recess stenosis; severe right sided and moderate left sided neuroforaminal stenosis. Physical examination noted muscle strength 4/5 in the bilateral big toe extensors, knee extensors, and right hip flexors; lower extremity reflexes 1+ bilaterally in the knees/ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 Medial Branch Block Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Facet Joint Diagnostic (injections) section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The request for L4 through S1 medial branch block injections is not medically necessary. The previous request was denied on the basis that despite the treating physician's contradictory claims that the injured worker is not experiencing radicular pain, physical examination findings, although improved from prior reports, are still positive for radicular features. Furthermore, the results of the bilateral L4-5 and L5-S1 transforaminal epidural steroid injection certified on 04/01/14 were not discussed in the documentation provided. For these reasons, the request for L4 through S1 medial branch block injections was not deemed as medically appropriate. The clinical note dated 05/06/14 reported that the injured worker's pain was decreased 80-90% following previous lumbar epidural steroid injections. She stated that there is no pain and everything that she does following the injections feels a lot better. She reported her pain at 2/10 VAS at worst. The pain is radiating to the right lower extremity sometimes only. The Official Disability Guidelines state that medial branch blocks should be limited to injured workers with low back pain that is non-radicular and at no more than 2 levels bilaterally. Given this, the request for L4 through S1 medial branch block injections is not indicated as medically necessary.

**Left Piriformis Cortisone Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis Chapter Piriformis Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, Piriformis injections

**Decision rationale:** The request for a left piriformis Cortisone injection is not medically necessary. The previous request was denied on the basis that in this case, the documentation provided for review does not confirm the injured worker has met the required Official Disability Guidelines criteria. The Official Disability Guidelines state that no consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (e.g., stretching, manual techniques, injections, activity modifications, modalities like heat or ultrasounds, natural healing) is successful in most cases. For conservative measures to be effective, the injured worker must be educated with an aggressive home based stretching program to maintain piriformis muscle flexibility. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for a left piriformis Cortisone injection is not indicated as medically necessary.

**Interferential Unit; thirty (30) day trial for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Transcutaneous Electrot.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** The request for an interferential unit 30 day trial for home use is not medically necessary. The previous request was denied on the basis that the 04/01/14 clinical note reported that the injured worker was denied a previous request for an interferential unit 30 day home trial as conservative measures were still being utilized and the results of pending injections needed to be determined. The results of these injections were not discussed in the most recent documentation; therefore, the request was not deemed as medically appropriate. The clinical note dated 05/06/14 reported that the injured worker underwent bilateral L4-5 and L5-S1 transforaminal epidural steroid injections that provided 80-90% improvement. The injured worker stated that there was no pain and reported that everything she does now feels better after the injections. However, there was no indication that the injured worker is actively participating in a home exercise program. The CAMTUS states that inferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise/medications, and limited evidence of an improvement on those recommended treatments alone. Given this, the request for an interferential unit 30 day trial for home use is not indicated as medically necessary.