

Case Number:	CM14-0020432		
Date Assigned:	04/30/2014	Date of Injury:	03/13/2000
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 67 year old woman who sustained a work-related injury on March 15, 2000. Subsequently, she sustained chronic back pain. The patient was treated with pain medications and multiple epidural injections with limited benefit. The patient underwent a spinal cord stimulator on 2009. The patient has been in stress management therapy. According to a note dated on January 9, 2014, the patient was reported to have the continuous low back pain radiating to the lower extremities with numbness and tingling. Her physical examination demonstrated lumbar tenderness with reduced range of motion, dysesthesia in the L5-S1 dermatome. Her MRI of the lumbar spine performed on May 23, 2011 demonstrated the disc collapse with mild to minimal bulging at L2-S1 with facet hypertrophy at all levels and moderate neural foraminal stenosis. There is no clear documentation of the medications used to treat the patient. The provider requested authorization for pain management consultation, lumbar support and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION FOR LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The patient clinical evaluation and lumbar MRI findings did not support the diagnosis of radiculopathy. In addition, there is no clear documentation of significant improvement of previous epidural injections. Therefore, the request for a pain management consultation for lumbar epidural steroid injection is not medically necessary.

LUMBAR SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no documentation of lumbar instability. Therefore, the request for a lumbar support is not medically necessary.

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a postive one month trial of TENS. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit is not medically necessary.