

<b>Case Number:</b>	CM14-0022706		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/07/2006
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 62 year-old with a date of injury of April 7, 2006. A progress report associated with the request for services, dated August 15, 2013, identified subjective complaints of low back pain radiating into the legs with numbness. Objective findings included a positive straight leg-raising. Motor and sensory function was normal. Diagnoses included lumbar strain with radiculopathy. Treatment has included 2 previous epidural steroid injections that were reported to decrease pain greater than 75% for more than six weeks. A Utilization Review determination was rendered on August 20, 2013 recommending non-certification of right L4, left L5, S1 epidural steroid injection (ESI); urine screen; and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT L4, LEFT L5, S1 EPIDURAL STEROID INJECTION (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection offers no significant long-term benefit. Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support series-of-three injections. There is no documentation of a radiculopathy with corroboration from electrodiagnostic or imaging studies. Likewise, the Guidelines do not recommend injection of multiple levels during one session. Therefore, there is no documented medical necessity for the requested epidural steroid injections.

**URINE SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in low-risk patients, yearly screening is appropriate. Moderate risk patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. High risk patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. There is no documentation of behavior that would classify the claimant as high-risk. Likewise, the patient is not on any oral analgesics and a drug screen was performed on September 26, 2013, which was negative. Therefore, the record does not document the medical necessity for the requested drug screen.

**TENS UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**Decision rationale:** The California MTUS Guideline states that TENS is not recommended for the low back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. For chronic intractable pain from these conditions, the following criteria must be met: Documentation of pain for at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the low back. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month trial should be attempted. Therefore, there is no documented medical necessity for a TENS unit.