MAXIMUS Federal Services

Case Number:	CM14-0032903		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2012
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 44 year old with an injury date on 11/8/12. The patient complains of continued lower back pain but has decreased symptoms after first lumbar epidural steroid injection from 10/24/13. Based on the 2/10/14 progress report provided by the treating physician the diagnosis is: displacement intervertebral disc site UNS without myelopathy. The exam of the lumbar spine on 2/10/14 showed tender, spasm, decreased range of motion. The treating physician is requesting a second lumbar epidural steroid injection (LESI) and ART N/M stimulator for a 1 month trial. The treating physician is the requesting provider, and he provided treatment reports from 3/20/13 to 4/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second LESI (lumbar epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

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

Decision rationale: This patient presents with lower back pain. The treating physician has asked for a second LESI on 2/10/14. An MRI from 2/22/13 showed an L4-5 annular tear with herniated nucleus pulposus per 2/10/14 report. Regarding repeat epidural steroid injections, the MTUS guidelines state the prior injection must have at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient reports decreased symptoms but there is a lack of specific documentation regarding pain, function, and medication usage from first ESI. Due to a lack of improvement of 50% from prior injection, another ESI is not indicated at this time. Furthermore, there are no corresponding physical exam findings for the MRI confirmed herniation at L4-5. Recommendation is for denial. As such, the request is not medically necessary.

ART N/M Stimulator x 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for ART N/M stimulator for a 1 month trial on 2/10/14 to decrease pain and spasm. Included reports show no history of neuromuscular stimulator usage. Regarding the neuromuscular electrical stimulation, the MTUS recommends as part of rehabilitative treatment program for stroke, but it is not indicated for chronic pain. In this case, the requested neuromuscular stimulator is not indicated, as this patient does not present with a history of stroke. Recommendation is for denial. As such, the request is not medically necessary.