

Case Number:	CM14-0033748		
Date Assigned:	09/12/2014	Date of Injury:	12/07/2011
Decision Date:	10/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 40-year-old female with a 12/7/11 date of injury. At the time (2/17/14) of request for authorization for left L4-5 transforaminal epidural steroid injection and H-wave x 30 day trail rental for the lumbar spine, there is documentation of subjective (continued low back pain which radiates down the left thigh, as well as overlapping ongoing left hip pain) and objective (antalgic gait, tenderness, and decreased sensation over the left L4, L5 and S1 dermatomes, 4/5 muscle strength left hip flexion) findings, imaging findings (lumbar spine magnetic resonance imaging (MRI) on 1/14/14) report revealed L4-5 marginal osteophytosis with mild ligamentum flavum buckling and facet arthropathy contributing to mild bilateral foraminal narrowing, spinal canal patent), current diagnoses (left L5 radiculopathy), and treatment to date (medications and physical therapy). Regarding the requested left L4-5 transforaminal epidural steroid injection, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) and failure of additional conservative treatment (activity modification). Regarding the requested H-wave x 30 day trail rental for the lumbar spine, there is no documentation of failure of initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnosis of left L5 radiculopathy. In addition, there is documentation of subjective (pain) and objective (sensory changes and motor changes) radicular findings and failure of conservative treatment (medications and physical therapy). However, given documentation of MRI findings of L4-5 marginal osteophytosis with mild ligamentum flavum buckling and facet arthropathy contributing to mild bilateral foraminal narrowing, spinal canal patent there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR MODERATE or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis). In addition, there is no documentation of failure of additional conservative treatment (activity modification). Therefore, based on guidelines and a review of the evidence, the request for Left L4-5 Transforaminal Epidural Steroid Injection is not medically necessary.

H-wave x 30 day trial rental for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment

Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnosis of left L5 radiculopathy. In addition, there is documentation of chronic soft tissue inflammation that H-wave is to be used as an adjunct to a program of evidence-based functional restoration, and failure of initially recommended conservative care, including recommended physical therapy and medications. However, there is no documentation of failure of initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for H-wave x 30 Day Trial Rental for the Lumbar Spine is not medically necessary.