

Case Number:	CM14-0037266		
Date Assigned:	06/25/2014	Date of Injury:	10/28/2005
Decision Date:	09/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work between the dates March 6, 2002 through January 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of April 9, 2010, apparently notable for right sural mononeuropathy and left superficial peroneal sensory neuropathy; lumbar MRI imaging of April 30, 2010, notable for multiple disk protrusions of uncertain clinical significance, including a 2 mm disk protrusion at L5-S1 effacing the ventral epidural fat, per the claims administrator; and 12 to 13 sessions of physical therapy. In a Utilization Review Report dated March 19, 2014, the claims administrator denied a request for left L5-S1 epidural steroid injection, denied a request for a cold therapy unit, and denied a combination stimulation electrotherapy device. The claims administrator, in its denial, did not state whether or not the applicant had had prior epidural steroid injection therapy or not. The applicant's attorney subsequently appealed. In a letter dated April 17, 2005, the applicant suggested that her last date of work was in fact April 18, 2005, and she had not worked since that point in time. On September 26, 2013, the applicant reported persistent complaints of low back pain radiating into the right leg, Norco, tizanidine, Neurontin, Motrin, and an epidural steroid injection were endorsed, along with hot and cold contrast unit. A multimodality electrotherapy device was also seemingly endorsed. On February 27, 2014, the attending provider again sought authorization for a motorized cold therapy unit, combination stimulator electrotherapy device, Norco, Motrin, tizanidine, and gabapentin. The attending provider stated that the applicant has failed a myriad of conservative treatments and that an epidural steroid injection was therefore being sought. The applicant's work status was not provided. The attending provider did acknowledge that the

combination of electrotherapy device did represent an amalgam of interferential stimulation, conventional transcutaneous electrical nerve stimulation (TENS), and neuromuscular electrical stimulation. In a medical-legal evaluation of March 19, 2014, the applicant's primary treating provider gave the applicant a 29% whole percent impairment rating. The medical-legal evaluator suggested that the applicant was working, in contrast to the applicant's later statement dated April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural at left L5-S1 level: Overturned

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 topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. In this case, the applicant does, in fact, have ongoing complaints of radicular pain radiating into the legs. The applicant has some radiographic corroboration of radiculopathy at the level in question, L5-S1. It was further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports up to two diagnostic epidural blocks, and that the applicant, in this case, does not appear to have had any prior epidural blocks. A trial epidural steroid injection at the level in question is indicated, given the applicant's unresponsiveness to other conservative treatments. Therefore, the request is medically necessary.

Motorized cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 15-5 page 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, simple, low-tech, at-home local applications of heat or cold are recommended with methods of symptom control for low back pain complaints. ACOEM, thus, endorses at home local applications of cold therapy as opposed to the high-tech motorized cold therapy device being proposed here. No rationale for selection of this particular device was proffered so as to offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Combo-Stim Electrotherapy times 60 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation topic Page(s): 121.

Decision rationale: The attending provider acknowledged that the combination of electrotherapy device included a neuromuscular electrical stimulation modality. Neuromuscular electrical stimulation, however, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context present here and should be reserved for the post stroke rehabilitated context. In this case, there is no evidence that the applicant sustained a stroke. Since one modality in the device is recommended, the entire device is not recommended. Therefore, the request is not medically necessary.