

<b>Case Number:</b>	CM14-0041894		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 40-year-old male who sustained a work related injury on 01/18/2013 as result of bucking bales of hand when he felt an acute onset of pain in his low back region on the left which radiate down his left lower extremity. He also suffered an inguinal hernia as well. The patient has multi musculoskeletal pain complaints right sided neck, mid back, low back, buttocks, left shoulder, upper arm, forearm, wrist, hand, hip and legs that rated 9/10 with associated weakness of his legs and left arm. Additionally, the patient complaints of numbness and locking in left side mostly, giving way in legs, arms, grinding in lower back and swelling in left wrist and arm. His pain radiates to his left elbow, fingers, thigh, knee, ankle, foot and toe. Aggravating symptoms includes overhead reaching, lifting, pushing, pulling, gripping, twisting, bending, stooping, kneeling, walking and sitting. His physical examine demonstrates tenderness to palpation of the left wrist (with associated swelling in the scaphoid bone and snuff box), lumbar spine (with associated muscle testing decrease to 4/5 in flexion, extension and bilateral lateral bending and a reduction in range of motion in all planes). Imaging studies demonstrate a left displaced scaphoid fracture. A lumbar MRI dated April 7, 2013 identifies neural foraminal stenosis at L4-5. Also, there is narrowing of the lateral recesses bilaterally at L5-S1. Last, there is multilevel spondylosis, disc desiccation, disc narrowing, annular bulges and facet degenerative joint disease. He underwent an epidural steroid injection on 10/24/2013 with reporting no change in his pain complaint afterward. His current pain medication is Norco 10/325, Anaprox 550mg and Prilosec 20mg. The request for transcutaneous electric nerve stimulation (TENS) unit is to reduce pain, improvement functionality and hopefully decrease oral medication use. The nerve root block is to reduce his significant lumbar pain. In dispute is a decision for a Selective Nerve Block at Left L4-5 and one-month TENS unit rental.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Selective Nerve Block at left L4-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments, page Page(s): 46.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Since the MTUS guidelines specifies that there is at least a 50% pain improvement with an initial ESI / nerve root block, based upon the patient's own statement of not experiencing any relief with the initial block performed on 04/23/2013, an additional injection is not medically necessary.

### **One (1) month TENS unit rental: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 114-115.

**Decision rationale:** TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. As the California MTUS guidelines authorize use for an initial one-month trial period while, it is in conjunction with an evidence based functional restoration program. After a thorough review of the records, I found no indication of such a program as part of the patient treatment regimen. Unfortunately, I find that the request, at this time, is not medically necessary.