

Case Number:	CM14-0065655		
Date Assigned:	07/11/2014	Date of Injury:	06/23/2009
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 is licensed to practice in Nevada. 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 injured worker is a 36 year old male who was injured on 06/23/09 when he twisted his back while lifting a 50 pound gate. The injured worker complains of low back pain radiating into the bilateral lower extremities, most notably on the left with radiation into the left lateral and plantar foot. The injured worker is diagnosed with Thoracic or Lumbosacral Neuritis or Radiculitis Unspecified. Treatment has included an unknown amount of physical therapy and medication management. The injured worker takes Gabapentin 300mg bid and Pamelor 50mg at night. Records state the injured worker reports he has also used a TENS unit in the past with some alleviation of pain and relaxation of muscles. Clinical note dated 03/13/14 notes the injured worker rates his pain at a constant 6-8/10. Physical examination reveals tenderness to palpation over the low back, negative straight leg raise bilaterally, decreased sensation in both lateral legs and reflexes at 1+ over the bilateral patellas and Achilles. Range of motion is noted to be 45 with flexion of the lumbar spine. MRI of the lumbar spine dated 04/01/14 reveals anterior and posterior fusions at L5-S12 with hardware intact and no evidence of recurrent disc bulge or herniation. No disc bulges or herniations are noted at L1-2 through L4-5. There is normal central canal, lateral recesses and intervertebral neural foramina at each level. This report does note the presence of a rudimentary disc between S1 and S2 with lumbarization of the S1 vertebral body. This is a request for a transforaminal ESI at bilateral S1 and a TENS unit trial for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at Bilateral S1: Upheld

Claims Administrator 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, Chapter 3, Epidural Steroid Injections.AME Guides, 5th Edition, pages 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of ESIs when certain criteria are met. These criteria include radiculopathy which is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and evidence that the injured worker was initially unresponsive to conservative treatment. Records do indicate the injured worker participated in physical therapy but there is no physical therapy notes submitted for review and the injured worker's response to this form of conservative treatment is not indicated. Thus, failure to respond to conservative treatment is not revealed. Records also fail to include evidence of an active radiculopathy upon physical examination or imaging study. Physical examination notes negative straight leg raises and the recent MRI of the lumbar spine does not reveal compression or compromise of a nerve root at any level. Based on the clinical information provided, transforaminal ESI at bilateral S1 is not medically necessary.

TENS Unit Times one Month Trial QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114 & 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate the criteria for the use of a TENS should include evidence that other appropriate pain modalities have been tried and failed and should also include a treatment plan with specific short and long-term goals of treatment. The records submitted for review suggested the injured worker has participated in physical therapy, but there is no physical therapy notes submitted and the injured worker's response to this treatment is not documented. Records thus do not reveal that other appropriate pain modalities have failed. Records also do not include a treatment plan concerning the use of a TENS unit with specific short or long term goals. Based on the clinical information provided, one month trial of the use of a TENS unit is not medically necessary.