

Case Number:	CM14-0099569		
Date Assigned:	07/28/2014	Date of Injury:	05/05/2011
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 an industrial injury of May 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of the physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report dated June 6, 2014, the claims administrator partially certified one of two purposed epidural steroid injections, and also apparently conditionally certified an interferential unit request as a 30-day rental of the same. The applicant's attorney subsequently appealed. On May 21, 2014, the applicant reported persistent complaints of low back pain, radiating to the right leg, 8/10. The applicant had developed a variety of issues including psychological stress, anxiety, and headaches. The applicant apparently last worked in April 2013 and was no longer working, it was acknowledged. Limited lumbar range of motion was noted with hypo-sensorium noted about the left L5-S1 dermatomes. The attending provider stated that the applicant had a large disk herniation at L5-S1 generating associated nerve root effacement at the S1 nerve root level. Two epidural steroid injections were sought. Interferential current stimulator was also sought on a one month trial basis. Urine toxicology testing was also endorsed. The applicant's work status was not furnished. It was acknowledged that the applicant was using Vicodin and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI Left L5-S1/ Left S1 x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the attending provider seemingly sought authorization for two epidural steroid injections without a proviso to evaluate the applicant between the purposed epidural steroid injections to ensure appropriate improvement following the first injection before proceeding with the second. The request, thus, as written, runs counter to MTUS parameters and principles. Accordingly, the request is not medically necessary.

Interferential Unit x30 days for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial interferential current stimulator "may be appropriate" in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom medication side effects result in inadequate pain control, applicants with a history of substance abuse that prevents provision of analgesic medications, and/or applicants with significant postoperative pain, which limits the ability to participate in physical therapy. In this case, however, there was no clearly voiced statement of oral analgesic failure furnished along with the request for the interferential current stimulator device. The applicant was described as using Vicodin and Norflex. There was no explicit statement or insinuation that ongoing usage of Vicodin and/or Norflex was inadequate. Therefore, the request is not medically necessary.