

Case Number:	CM14-0179648		
Date Assigned:	11/04/2014	Date of Injury:	08/06/2012
Decision Date:	01/02/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 37 year old male who sustained an industrial injury on 08/06/12 when he pulled pants off a printing machine. His treatment included physical therapy, TENS unit, activity modification and medications. An MRI of lumbar spine from 04/08/13 showed grade I L5-S1 degenerative spondylolisthesis, mild disc dessication and 5mm disc osteophyte complex with mild bilateral S1 nerve displacement and compression, right worse than left. He was noted to have minor left radicular pain in addition to his axial back pain. The visit note from 09/11/14 was reviewed. Subjective complaints included back pain in lower back sometimes radiating upto his mid back. He occasionally experienced tingling in his left more than right leg. He used TENS, theracane for self TPT and exercises to help control his pain. He reported 50% reduction of pain with medications. There were no side effects of medications. He was working full time with restrictions. Objective examination findings included decreased lumbar spine flexion, tenderness to palpation over lumbar paraspinal muscles, left SI joint and diagnoses included lumbar sprain/strain, sacroiliac strain, trochanteric bursitis, spondylolisthesis and rectus femoris tear. The request was for continuing TENS and lumbar ESI at L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 bilateral lumbar epidural steroid injection: 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 Medical Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment Guidelines, the criteria for the use of ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, unresponsive to conservative treatment and no more than two nerve root levels to be injected. The employee had mostly axial back pain and had no documented radiculopathy signs or findings on electrodiagnostic studies. The request for lumbar epidural steroid injections is not medically necessary or appropriate.

TENS patch x 2 pairs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, the criteria for the use of TENS included documentation of pain of at least three month duration, failure to improve with other appropriate pain modalities, documentation of improvement with one month trial of TENS and a treatment plan including the specific short and long term goals of treatment with the TENS unit. The employee was almost 2 years from the initial injury. He had ongoing pain despite physical therapy and medications. He had been using TENS unit with improvement of pain and he was working. The request for TENS patches is medically necessary and appropriate.