

Case Number:	CM14-0189339		
Date Assigned:	11/20/2014	Date of Injury:	07/09/2012
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 57 year old female who suffered a work related injury with gradual onset from 12/31/1988 to 07/09/2012 during her work as a sample maker working with a sewing machine to make fancy dresses. She noticed a gradual onset of low back pain which she attributed to prolonged sitting, repetitive vending and twisting of the back, and frequent lifting objects weighing up to ten pounds. She initially sought medical treatment, and was prescribed pain medication. She visited her physician several times and was treated with pain medication. In July of 2012, she had a significant increase in pain medication and was removed from work duty. She has not worked since 07/2012. She was referred to an orthopedist and received a MRI of the lumbar spine and electrodiagnostic studies of the lower extremities. She was told she may need injections and surgical intervention. She has also been treated for depression, stress, and insomnia. Diagnoses include lumbar disc disease, lumbar facet syndrome, right sacroiliac joint arthropathy, and lumbar spine radiculopathy. Per the notes for 09/17/2014, the MRI showed multi-level disc protrusions. At L3-L4 there was a 3 millimeter posterior disc bulge with moderate thecal sac narrowing and mild bilateral neuroforaminal narrowing. At L4-L5 there was a four millimeter anterolisthesis. There was severe midline thecal sac narrowing with severe bilateral recess narrowing. There was mild right and moderate to severe left neuroforaminal narrowing. At AL5-S1 there was a 2 millimeter posterior disc bulge. There was a 3 millimeter synovial cyst protruding out of the left facet joint in the left lateral recess. The actual MRI results were not available for review in the submitted documentation. Physical exam on 09/17/2014 showed antalgic gait to the right. The injured worker was unable to perform heel walking due to lumbar spine pain. Toe walking was performed with difficulty due to lumbar spine pain. Tenderness to palpation was present over the right piriformis. Spasm, guarding and trigger points were noted over the lumbar spine. Facet tenderness was noted form L4-S1.

Recommended treatments were bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections and Interferential Unit for home use. Per the notes, the injured worker has failed conservative treatments - physical therapy, chiropractic manipulation, medication, rest and home exercise program. However, there was not documentation of these treatments in the submitted documentation. On 10/14/2014 the Claims Administrator denied the requested treatments, and the injured worker subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. California MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were

tried and failed (exercises, physical therapy, etc). As such, the request for Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid injection is not medically necessary.

Interferential unit for 30 days trial for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Interferential Current Stimulation, Transcutaneous el.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." While the medical documents do indicate that the pain is ineffectively controlled on pain scale throughout, the treating physician does not specifically attribute the uncontrolled pain due to "diminished effectiveness of medications" or poor control of pain with medications "due to side effects". Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do indicate ongoing physical therapy and/or chiropractic treatment (unknown number of sessions); however, progress notes do not detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for Interferential unit for 30 days trial for home use is not medically necessary.