

Case Number:	CM14-0189371		
Date Assigned:	11/20/2014	Date of Injury:	05/22/2008
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 mid back pain reportedly associated with an industrial injury of May 22, 2008. In a Utilization Review Report dated November 3, 2014, the claims administrator denied a TENS unit trial, denied T6-T7 transforaminal epidural steroid injection, and denied eight sessions of aquatic therapy. The claims administrator stated that its decision was based on an RFA form received on October 27, 2014. The applicant's attorney subsequently appealed. In an October 21, 2014 progress note, the applicant reported ongoing complaints of diffuse thoracic spine pain and diffuse low back pain times several months, exacerbated by lifting activities. The applicant stated that medications were producing appropriate improvement. The applicant had been off of Suboxone for the past two weeks. The applicant was interested in a TENS unit and also interested in a repeat epidural steroid injection, it was stated. The applicant was status post earlier lumbar laminectomy surgery. The applicant's medication list included Cymbalta, Catapres, Naprosyn, Remeron, Suboxone, and Sonata. Portions of the progress note were internally inconsistent as one section of the note stated that the applicant was using Suboxone while another section of the note stated that the applicant was not using Suboxone. The applicant was off of work, on total temporary disability, it was acknowledged. Trigger point injections, a TENS unit, T6-T7 transforaminal epidural injection and trigger point injections were sought while cyclobenzaprine, Cymbalta, omeprazole, and Remeron were renewed. The applicant's gait was described as within baseline. The applicant was neurologically intact, it was further stated. In an earlier note dated August 26, 2014, the applicant again acknowledged that he was not working and was receiving workers' compensation indemnity benefits. The applicant was using Prilosec, Cymbalta, Lodine, Remeron, Suboxone, Catapres, and Sonata, as of that point in time, it was acknowledged. The applicant's stated diagnoses included chronic pain syndrome, myofascial

pain, opioid tolerance, osteoarthritis, lumbago, major depressive disorder, dysthymia, muscle spasms, and/or thoracic versus lumbosacral neuritis. The applicant was given a vitamin B injection in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduce weightbearing is desirable, in this case, however, it does not appear that reduce weightbearing is desirable. The applicant's gait was described as within normal limits/within baseline on the October 21, 2014 progress note on which the article in question was sought. The applicant was further described as neurologically intact on that date. The applicant does not, thus, appear to be an individual for whom aquatic therapy would be indicated. Therefore, the request is not medically necessary.

TENS unit trial x 30 days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is recommended as an option in applicants with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, the attending provider has seemingly suggested that the applicant has tried and failed various other treatments over time, including physical therapy, adjuvant medications, analgesic medications, opioid agents, psychotropic medications, epidural injections, etc. Pursuing a one-month trial of a TENS unit, thus, is indicated in this applicant with chronic persistent pain complaints and chronic radicular pain complaints. Therefore, the request is medically necessary.

Bilateral T6-T7 transformaminal epidural steroid injection: Upheld

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

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

Decision rationale: This request does represent a request for a repeat epidural steroid injection, the requesting provider acknowledged in his October 21, 2014 progress note. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of a repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. The applicant is receiving Workers' Compensation indemnity benefits, the requesting provider has acknowledged. The earlier epidural injection had failed to curtail the applicant's dependence on various and sundry analgesic and adjuvant medications, including Cymbalta, Catapres, Naprosyn, Remeron, Suboxone, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior epidural steroid injection therapy. Therefore, the request for a repeat thoracic epidural steroid injection is not medically necessary.