

<b>Case Number:</b>	CM14-0193642		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 (IW) is a 58-year-old female, who sustained an industrial injury on 12/17/2012. She has reported low back pain with radicular symptoms. The diagnoses have included a failed back surgery syndrome with bilateral SI (sacroiliac) joint pain. Treatment to date has included a history of L5-S1 decompression, and treatment with medications. Currently, the IW complains of low back pain rated a 5/10 described as achy with radiation down both legs with the left worse than the right and accompanied with numbness and tingling. The pain improved with Tramadol ER and Diclofenac. The IW complained of decreased sensation in the left lower extremity. Objectively there was weakness of the biceps, triceps, knee flexors on the left and tenderness to palpation along the L5 spinous process and positive tenderness to palpation along the SI joint bilaterally. A CT of the spine from 06/2014 was reported to show left L5 inferior articular process fracture, likely old lumbar spondylosis L5-S1 and disc protrusion versus scar tissue present resulting in right neural foraminal narrowing. The treatment plan included medications, drug screening, a psychology referral, acupuncture sessions, and a bilateral sacroiliac joint steroid injections. On 11/05/2014 Utilization Review non-certified a request for a TENS unit and TENS unit pad times 3 month supply, noting the TENS unit should have a trial period and documentation of client response as well as ongoing pain treatment documentation during the trial. The IW was receiving physical methods and medications but remains symptomatic despite treatment. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 11/05/2014 Utilization Review non-certified a request for Lumbar epidural steroid injections (ESI) times 2, noting this was documented as a flare of pain. The levels to be addressed were not

mentioned and the doctor who was to perform the epidural steroid injections only recommended medication management. Conservative measures were recommended prior to the ESI. MTUS Chronic pain Epidural steroid injections (ESI) ACOEM Guidelines Chapter 12 Low Back Complaints, and ODG for low back regarding epidural steroid injections (ESI's) were cited. On 11/19/2014, the injured worker submitted an application for IMR for review of the non-certified items.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit and TENS unit pad times 3 month supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS(Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of radicular pain and failed back syndrome. There is no documentation of failures of multiple conservative treatment modalities. Patient is not on appropriate 1st line medications for radiculopathy. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1 month trial of TENS. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.

**Lumbar epidural steroid injections times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG for low back regarding epidural steroid injections (ESIs), therapeutic and criteria for the use of epidural steroid injections

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Documentation states that this is a flare up of chronic pain. Pt has only been noted to have undergone physical therapy and is not any first

line treatments for radiculopathy. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI with disc bulges but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. The additional requests for SI joint injection shows other potential cause for pain. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.