

Case Number:	CM14-0196695		
Date Assigned:	12/04/2014	Date of Injury:	09/26/2013
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 September 26, 2013. In a Utilization Review Report dated November 10, 2014, the claims administrator denied an interferential unit purchase and denied a lumbar epidural steroid injection. The claims administrator stated did not have radio graphically corroborated radiculopathy. The claims administrator also went on to deny an interferential stimulator. The claims administrator stated that its decisions were based on progress notes dated September 24, 2014 through November 5, 2014 as well as historical utilization review report. The applicant's attorney subsequently appealed. In a November 5, 2014 progress note, the applicant reported ongoing complaints of low back, highly variable, 5 to 8/10. The applicant stated that his symptoms of pain were ameliorated as a result of topical analgesic and muscle relaxant. The attending provider acknowledged that the applicant was not working as modified duty was unavailable. The attending provider stated that the applicant's medications, including Celebrex, Effexor, and Ultram were all effective, but nevertheless sought authorization for an interferential unit purchase. The applicant was asked to perform home exercises. Epidural steroid injection therapy was also sought. It was not stated whether the applicant had or had not had prior epidural steroid injection therapy. The attending provider stated that the applicant had ongoing lumbar radicular complaints, predominantly about the left lower extremity and stated that he believed the applicant's MRI findings were suggestive of an active radiculopathy. The remainder of the file was surveyed. It did appear that the applicant had initially treated with another treating provider, receiving chiropractic manipulative therapy and physical therapy through various providers. In a June 18, 2014 progress note, the applicant consulted a spine surgeon reporting low back pain radiating to the left leg, 9/10. The applicant reportedly had lumbar MRI imaging of May 2014 demonstrating multilevel degenerative disk disease and

multilevel disk bulges. Tramadol and a 30-pound lifting limitation were endorsed. It did not appear, based on the review of the records, that the applicant had had prior lumbar epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit for Home Use (Purchase): Upheld

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

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

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of an interferential stimulator is endorsed in applicant's in whom pain is ineffectively controlled due to analgesic medication failure, applicants in whom pain is ineffectively controlled due to medication side effects, and/or applicants in whom provision of analgesic medications is unwise owing to a history of substance abuse. In this case, there was/is no clearly stated history of substance abuse. The applicant was reportedly using Celebrex and Flexeril with reportedly good effect, effectively obviating the need for an interferential stimulator device trial. It is further noted that the request for an interferential unit was seemingly initiated as a purchase. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an interferential stimulator device be employed on a one-month trial basis before consideration is given to purchasing the same. Here, however, the request was purchased without evidence of a previously successful intervening one-month trial of the same. Therefore, the request is not medically necessary.

Lumbar Epidural Steroid Injection at L4-S1: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, peripherally that which is radio graphically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, however, qualify its position by noting that up to two diagnostic blocks are recommended. In this case, the applicant apparently has some incomplete evidence of radiculopathy with multilevel disk bulges appreciated on MRI imaging, referenced above. The applicant's treating provider believed that these findings were significant and suggestive of radiculopathy. The request in question does,

moreover, represent a first time request for epidural steroid injection therapy. Therefore, the request is medically necessary.