

Case Number:	CM14-0198712		
Date Assigned:	12/09/2014	Date of Injury:	12/06/1996
Decision Date:	01/21/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehab, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in ENTER STATE. 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:

This 55 year-old patient sustained an injury on 12/6/1996 while employed by [REDACTED]. Request(s) under consideration include One (1) transforaminal epidural to the bilateral L4-S1 using fluoroscopy and One (1) TENS unit replacement pads, #2. Diagnoses include lumbar disc displacement/ radiculopathy/ facet arthropathy/ spinal stenosis; Chronic pain; and Vitamin D deficiency. Conservative care has included medications, therapy, LESI at L4-S1 on 3/4/14, Toradol injection, B12 injection, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 6/17/14 from the provider noted the patient with low back pain radiating down bilateral lower extremities associated with numbness rated at 8/10 with and 10/10 without medications. It was noted the patient had recent LESI with good 50-80% improvement with decrease in pain medication and improved mobility; TENS unit and Cold therapy was helpful. Lumbar spine exam showed TTP at L4-S1; moderately limited range secondary to pain increased with flex/extension; decreased sensation along L4-5 dermatome in bilateral lower extremities; positive bilateral SLR; positive Faber, Patrick and SI dysfunction bilaterally. Treatment included repeating LESI at L3-5. Report of 10/14/14 noted unchanged identical radicular low back complaints and exam findings with treatment plan for repeating LESI and TENS pads. The request(s) for One (1) transforaminal epidural to the bilateral L4-S1 using fluoroscopy and One (1) TENS unit replacement pads, #2 were non-certified on 11/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Transforaminal Epidural: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: It was noted the previous LESI was wearing off much faster. The request(s) for One (1) Transforaminal Epidural to the bilateral L4-S1 using fluoroscopy and One (1) TENS unit replacement pads, #2 were non-certified on 11/3/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 1996 injury without evidence of functional improvement from previous LESI in 2014. Criteria for repeating the epidurals have not been met or established. The One (1) Transforaminal Epidural to the bilateral L4-S1 using fluoroscopy is not medically necessary and appropriate.

One (1) TENS unit replacement pads, #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: The request(s) for One (1) TENS unit replacement pads, #2 were non-certified on 11/3/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, LESI, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the

TENS unit is not supported, the associated supplies are not medically necessary. The One (1) TENS unit replacement pads, #2 are not medically necessary and appropriate.