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| <b>Case Number:</b>   | CM14-0202297 |                              |            |
| <b>Date Assigned:</b> | 12/12/2014   | <b>Date of Injury:</b>       | 04/27/2013 |
| <b>Decision Date:</b> | 01/30/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2014 |

### 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, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Arizona. 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 31 year old female with date of injury 4/27/2013. The injured worker was in the course of her usual duties when she had to break up a fight between two detainees outside the bathroom where the floor was wet, the injured worker reports that she grabbed one of the detainees and ended up falling backward landing on her buttocks with the detainee on top of her, She rolled over to restrain the detainee and felt a pop in her right shoulder, later on as she completed the paperwork she started to notice increasing pain in her right shoulder and low back and she was then referred to seek medical care. She reports incidents of acute back pain so intense she was unable to walk since the incident. The injured workers MRI was reviewed on 10/28/2014 and showed a posterior annular tear at L4-L5 with mild bilateral neuroforaminal narrowing and also at L5-S1. Her physical exam dated 10/28/2014 was positive for tenderness over the lumbar paravertebral musculature as well as facet tenderness over L4-S1. Sacroiliac tenderness, Faber / Patrick, Sacroiliac thrust and Yeoman tests of the sacroiliac joint were all positive bilaterally, sciatic nerve root tension tests were positive for kemps and straight leg raise bilaterally. Range of motion was mild to moderately reduced. She has been diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy. She has not done well with chiropractic care and physical therapy. She is currently on opioids and still reports pain of up to 9/10. The request is for two bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections and 30 day home trial of interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections:** 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:** The MTUS recommends Epidural Steroid Injections in the treatment of radicular pain. Radiculopathy must be documented in the physical exam and corroborated by imaging or nerve studies which are the case in the injured worker who has subjective complaints of radiculopathy as well as objective positive physical exam findings which is corroborated by positive MRI findings of neuroforaminal narrowing at L4-L5 and L5-S1. The MTUS also recommends Epidural steroid injections for patients who are initially unresponsive to conservative care as is the case in the injured worker as documented in her medical records, the MTUS recommends injecting no more than 2 nerve roots in one session and should be performed using fluoroscopy. The request for 2 bilateral Epidural steroid injections at L4-L5 and L5-S1 which is within the guideline recommendation for the injured workers clinical presentation are medically necessary.

**Interferential unit; 30 day trial for home use:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** Interferential Current Stimulation is not recommended as an isolated intervention Per MTUS however two recent randomized double-blind controlled trials suggested that ICS was effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. While it is not recommended as an isolated intervention it may be appropriate for patients unresponsive to conservative measures like the injured worker, who also has documentation of positive response when applied by a licensed provider. Therefore based on the injured workers clinical presentation as well as the MTUS recommendation the request for Interferential unit 30 day trial for home use is medically necessary.