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| Case Number: | CM15-0109118 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 07/19/2013 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

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: Internal 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 is a 37-year-old female with an industrial injury dated 07/19/2013. The mechanism of injury is documented as a fall. Her diagnosis was cervical sprain/strain injury, lumbar sprain/strain injury, left shoulder sprain/strain injury, left wrist sprain/strain injury, myofascial syndrome, lumbosacral disc injury at two levels and lumbosacral radiculopathy. Prior treatments included medications, physical therapy, modified duties, diagnostics and electro-acupuncture. She presented on 04/27/2015 for evaluation. She was alert and oriented with normal gait. No assistive device was used. There was lumbosacral tenderness to palpation and slight pain on range of motion. Deep tendon reflexes were equal in bilateral lower extremities. There was paraspinous tenderness and myofascial tightness in the cervical spine with good range of motion. There was good range of motion with the left shoulder however she had pain at extremes of abduction and extension. There was decreased light touch sensation in the left leg, lateral aspect. The treatment plan was for a back brace, lumbar epidural steroid injection and TENS unit. The treatment request was for a back brace, lumbar epidural steroid injection under fluoroscopic guidance and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM 3rd edition Low back disorders 2011 <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) indicates that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) indicates that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. The patient has a date of injury of 07/24/2014. The patient was seen on 05/06/2015 with complaints of continued low back pain. On examination, lower back tenderness was noted. Lumbosacral orthosis LSO PROlign lumbar support was requested. The progress report dated April 27, 2015 documented and office visit, and the patient had subjective complaints of pain. The patient is alert and oriented. No signs of sedation. Speech is not slurred. The patient makes good eye contact. Normal gait. No assistive device is used for balance and ambulation. Lumbar spine, lumbosacral tenderness to palpation is noted with slight pain on range of motion. Deep tendon reflexes are equal in bilateral lower extremities. Cervical spine, cervical paraspinal tenderness and myofascial tightness is noted. Spurling's is negative bilaterally. The patient has good range of motion of cervical spine. Left shoulder, the patient has good range of motion but has pain at extremes with abduction and extension. She also has tenderness to palpation. The patient has positive straight leg raising test in her left leg. There is decreased light touch sensation in the left leg, lateral aspect. There is positive straight leg raising test about 30 degrees. The diagnoses were cervical sprain and strain, lumbar sprain and strain, left shoulder sprain and strain injury, left wrist sprain and strain, myofascial pain syndrome, lumbosacral disc injury at two levels, and lumbosacral radiculopathy. Medical records document a history of low back conditions. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, the request for back brace is not medically necessary.

Lumbar Epidural Steroid Injection under Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect

impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The progress report dated April 27, 2015 documented and office visit, and the patient had subjective complaints of pain. The patient is alert and oriented. No signs of sedation. Speech is not slurred. The patient makes good eye contact. Normal gait. No assistive device is used for balance and ambulation. Lumbar spine, lumbosacral tenderness to palpation is noted with slight pain on range of motion. Deep tendon reflexes are equal in bilateral lower extremities. Cervical spine, cervical paraspinous tenderness and myofascial tightness is noted. Spurling's is negative bilaterally. The patient has good range of motion of cervical spine. Left shoulder, the patient has good range of motion but has pain at extremes with abduction and extension. She also has tenderness to palpation. The patient has positive straight leg raising test in her left leg. There is decreased light touch sensation in the left leg, lateral aspect. There is positive straight leg raising test about 30 degrees. The diagnoses were cervical sprain and strain, lumbar sprain and strain, left shoulder sprain and strain injury, left wrist sprain and strain, myofascial pain syndrome, lumbosacral disc injury at two levels, and lumbosacral radiculopathy. A lumbar epidural steroid injection under fluoroscopic guidance was requested. The anatomical level of the requested injection was not specified. No radicular pain was documented in the 4/27/15 progress report. Without specification of the anatomical level, the requested epidural steroid injection is not supported. Therefore, the request for lumbar epidural steroid injection under fluoroscopic guidance is not medically necessary.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. The progress report dated April 27, 2015 documented and office visit, and the patient had subjective complaints of pain. The patient is alert and oriented. No signs of sedation. Speech is not slurred. The patient makes good eye contact. Normal gait. No assistive device is used for balance and ambulation. Lumbar spine, lumbosacral tenderness to palpation is noted with slight pain on range of motion. Deep tendon reflexes are equal in bilateral lower extremities. Cervical spine, cervical paraspinous tenderness and myofascial tightness is noted. Spurling's is negative bilaterally. The patient has good range of motion of cervical spine. Left shoulder, the patient has good range of motion but has pain at extremes with abduction and extension. She also has tenderness to palpation. The

patient has positive straight leg raising test in her left leg. There is decreased light touch sensation in the left leg, lateral aspect. There is positive straight leg raising test about 30 degrees. The diagnoses were cervical sprain and strain, lumbar sprain and strain, left shoulder sprain and strain injury, left wrist sprain and strain, myofascial pain syndrome, lumbosacral disc injury at two levels, and lumbosacral radiculopathy. ACOEM Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Therefore, the request for a TENS unit is not supported by ACOEM / MTUS guidelines. Therefore, the request for a TENS unit is not medically necessary.