

Case Number:	CM15-0133105		
Date Assigned:	07/21/2015	Date of Injury:	11/15/2011
Decision Date:	09/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on November 15, 2011. She reported lifting a school student, injuring her back. The injured worker was diagnosed as having bulge and foraminal stenosis L3-L4 and status post L4-L5 lumbar fusion. Treatments and evaluations to date have included transforaminal epidural steroid injection (ESI), TENS, physical therapy, lumbar fusion, bracing, and medication. Currently, the injured worker complains of leg pain, left hip pain and pain in the lateral aspect of thigh to about the lateral aspect of the knee. The Treating Physician's report dated May 28, 2015, noted the injured worker with an increase in her activities of daily living (ADLs), having traveled to Washington state recently, more upbeat in her mood. The injured worker was noted to have used her TENS on a regular basis which helped. The Physician noted the epidural steroid injection (ESI) that the injured worker received had been quite successful, however had lost its effectiveness. The treatment plan was noted to include a recommendation for another epidural steroid injection (ESI) to the left L3-L4 region, a set of plain lumbar spine x-rays, a prescription for Relafen, and renewal of her physical therapy which was helping. The injured worker was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 Epidural Steroid Injection, per 05/28/15, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

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

Decision rationale: The medical records indicate the patient has low back and bilateral leg pain. The current request is for Left L3-4 Epidural Steroid Injection. The CA MTUS does recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The MTUS guidelines clearly indicate there should be at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the medical records indicate that a previous ESI performed on December of 2014 did provide 80% relief for an unspecified period of time with no documentation of associated reduction of medication use. Therefore, the current request does not establish medical necessity per MTUS guidelines and is not medically necessary.

Physical Therapy, 2 times weekly, Lumbar Spine, per 05/28/2015, #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The medical records indicate the patient has low back and bilateral leg pain. The current request is for Physical Therapy, two times weekly, lumbar spine, #8 per 5/28/15. The treating physician states he is renewing physical therapy which has been helping. The CA MTUS does recommend a short course of physical medicine with a transition into active home exercise. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3

visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the attending physician reports the physical therapy has been helping but offers no discussion of improvements in pain levels, increased functional ability of return to work. A single physical therapy note indicates 8 previous sessions and indicates the patient has been versed in a home exercise program. He also provides no discussion of the number of physical therapy sessions to date or physical therapy for this year. The available medical records do not establish medical necessity for the request of additional physical therapy and the patient should be capable of transitioning into active home exercise at this time. Therefore, the request is not medically necessary.

TENS Unit, Lumbar Spine, per 05/28/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The medical records indicate the patient has low back and bilateral leg pain. The current request is for TENS Unit, Lumbar Spine, per 5/28/15. The attending physician states that the patient uses a TENS unit on a regular basis and it helps. The CA MTUS does not recommend TENS as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. TENS is recommended for neuropathic pain including CRPS, diabetic neuropathy, and post-herpetic neuralgia. In this case, her diagnosis is lumbar spondylolisthesis. The request for TENS unit is not consistent with MTUS guidelines and as such the request is not medically necessary.