

<b>Case Number:</b>	CM15-0139231		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: 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 45 year old male who sustained an industrial injury on 10/01/2012. Mechanism of injury occurred when he lifted a box of tiles weighing 75 pounds and felt immediate back and neck pain. Diagnoses include annular tear of the lumbar disc, lumbar radiculitis, and lumbar discogenic pain. Treatment to date has included diagnostic studies, medications, and lumbar epidural steroid injections. There was an Electromyography done on 03/05/2015 showed evidence of a chronic left L5 and S1 radiculitis. His medications include Naproxen Sodium and Venlafaxine ER. On 04/15/2013, there is a report of a lumbar Magnetic Resonance Imaging that showed minimal stable 1-2mm disc bulge at L4-5 and a small posterior tear of the annulus was seen as well. A physician progress note dated 06/10/2015 documents the injured worker has tapered off all opioids and is in training to become a truck driver. He has chronic low back pain and left lower extremity radicular symptoms. He would like to consider a repeat lumbar epidural steroid injection. He feels that his last injection was helpful due to the fact that it prevented him from going to the ER. He rates his pain as 6 out of 10 in intensity with his medications and 8 out of 10 without his medications. Sensation is reduced in the left L5 and left S1. He has tenderness over the L4-5 and L5-S1 lumbar paraspinals. There is pain with flexion and extension and straight leg raise is positive on the left side. He walks with an antalgic gait and uses a cane. On examination, he has an antalgic gait. There is reduced sensation in the left L5 and S1 dermatomes, tenderness, and pain with lumbar flexion and extension. There is a positive straight leg raise on the left. The treatment plan includes the medications Anaprox and Effexor. Treatment requested is for Durable medical equipment (DME) transcutaneous electrical

nerve stimulation (TENS) unit for the lumbar spine, and left L5, S1 selective ESI (epidural steroid injection) with conscious sedation and fluoroscopic guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The patient was injured on 01/01/12 and presents with lumbar spine pain. The request is for durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine to help with the myofascial aspect of his pain. The RFA is dated 06/11/15 and the patient is not able to lift over 20 lbs and is not able to bend, stoop, or squat. Review of the reports provided does not indicate if the patient has used the TENS unit prior to this request. Per MTUS Guidelines under TENS chronic pain (transcutaneous electrical nerve stimulation, page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient has reduced sensation in the left L5 and S1, tenderness over the L4-5 and L5-S1, pain with lumbar flexion/extension, and a positive straight leg raise on the left side. He is diagnosed with annular tear of the lumbar disc, lumbar radiculitis, and lumbar discogenic pain. Treatment to date has included diagnostic studies, medications, and lumbar epidural steroid injections. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The patient does present with radicular symptoms and a trial of TENS may be reasonable. However, it is unclear if the treater is requesting for a one-month trial or a purchase. Therefore, the request is not medically necessary.

**Left L5, S1 selective ESI (epidural steroid injection) with conscious sedation and fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) - Criteria for the use of Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** The patient was injured on 01/01/12 and presents with lumbar spine pain. The request is for left L5, S1 selective ESI with conscious sedation and fluoroscopic guidance to reduce the patient's radicular and discogenic pain and improve function. The RFA is dated 06/11/15 and the patient is not able to lift over 20 lbs and is not able to bend, stoop, or squat. The 06/10/15 report states that the patient "would like to consider a repeat lumbar ESI to help reduce his pain." There is no indication of when this injection occurred. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." The patient has reduced sensation in the left L5 and S1, tenderness over the L4-5 and L5-S1, pain with lumbar flexion/extension, and a positive straight leg raise on the left side. He is diagnosed with annular tear of the lumbar disc, lumbar radiculitis, and lumbar discogenic pain. Treatment to date has included diagnostic studies, medications, and lumbar epidural steroid injections. The 06/10/15 report states that the patient "would like to consider a repeat lumbar ESI to help reduce his pain. He reports that he does feel that his last lumbar ESI was helpful due to the fact that it prevented him from going to the ER. MRI of the lumbar spine demonstrated at L5-S1 left foraminal herniation consistent with a disc protrusion type of disc herniation. There was a tear of the annulus fibers at this level. The disc herniation is 1 mm anterior to posterior, 9 mm left to right. There is 10% left lateral recess stenosis and foraminal narrowing. The patient has tried and failed physical therapy in the past, as well as tried and failed NSAIDs." The 03/05/15 Electromyography showed evidence of a chronic left L5 and S1 radiculitis. It appears that the patient had a prior lumbar epidural steroid injection. However, there is no indication of when this injection occurred. MTUS Guidelines require "at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks," for repeat blocks. In this case, there is no numerical value provided regarding how much benefit the patient had from the prior ESI. The requested lumbar epidural steroid injection is not medically necessary.