

<b>Case Number:</b>	CM15-0144138		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/02/2000
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 70 year old female who sustained an industrial injury on 6-2-00. Treatments include: medication, massage, chiropractic care, acupuncture and surgery. Progress report dated 5-14-15 reports continued complaints of back pain that radiates down both legs, the left side is worse than the right. She has numbness and tingling down her left leg along with burning into her left foot. She ambulates with a walker most of the time. She is unable to walk more than a block. She wears a lumbar brace at all times when she is out of bed and walking. Diagnoses include: lumbar spondylosis, lumbar stenosis, lumbar degenerative scoliosis, lumbar radiculopathy, lumbar enthesopathy, bilateral carpal tunnel syndrome, and bilateral ulnar neuropathy. Plan of care includes: lumbar steroid injection, continue pain medication and ointments, repeat CT scan of the lumbar spine recommend further course of physical therapy and aqua therapy, recommend TENS unit, repeat lower extremity EMG-NCV and continue to wear lumbar support brace. Follow up for next appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural steroid injection (ESI) (unspecified spine level): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. There is no specific level included in the request. Therefore, the request cannot be approved. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is not indicated as a medical necessity to the patient at this time.

**Purchase of TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 113-115.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The patient has used a TENS unit previously and there is lack of documentation for objective and functional improvement. According to the clinical documentation provided and current MTUS guidelines, A TENS unit is not indicated as a medical necessity to the patient at this time.