

Case Number:	CM15-0169140		
Date Assigned:	09/09/2015	Date of Injury:	11/25/2014
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on 11-25-14. The injured worker was diagnosed as having lumbar strain and lumbar radiculitis. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Fenoprofen, Flexeril and Norco; topical Medrox ointment; activity modifications and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 5-22-15 revealed L5-S1 degenerative disc disease with disc osteophyte complex formation resulting in bilateral neural foraminal encroachment, mild facet arthrosis bilaterally at L5-S1 and probable right ovarian cyst. Currently on 7-15-15, the injured worker complains of low back pain with radiation to bilateral legs with numbness and tingling in feet; she rates the pain as 7-8 out of 10 without medications and 6-7 out of 10 with medications. She states she has not been able to function at work or home and in the past a transcutaneous electrical nerve stimulation (TENS) unit helped her pain and made her a little functional. Work status is noted to be return to modified duties with restrictions. Physical exam performed on 6-3-15 and 7-15-15 noted tenderness on palpation at L4-5 and L5-S1 with restricted range of motion of lumbar spine and a normal gait. A request for authorization was submitted on 7-15-15 for lumbar epidural steroid injection, Flexeril 10mg and transcutaneous electrical nerve stimulation (TENS) unit. The treatment plan on 7-15-15 included request for lumbar epidural steroid injections, transcutaneous electrical nerve stimulation (TENS) unit and a prescription for Flexeril 10mg #30. In a letter dated 8-3-15, utilization review non-certified lumbar epidural steroid injection noting the level of the injection is not indicated; Flexeril 10mg #30 noting guidelines do not recommend it for long-term use and a transcutaneous electrical nerve stimulation (TENS) unit noting documentation does not indicate if the unit is a purchase or a rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Lumbar epidural steroid is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in a clear dermatomal pattern and the request does not specify a level. For this reason, the request for epidural steroid injection is not medically necessary.

Flexeril 10mg one by mouth every evening as needed for muscle spasms #30 (prescribed 7/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Flexeril 10mg one by mouth every evening as needed for muscle spasms #30 (prescribed 7/15/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended MTUS time frame. The request for Flexeril is not medically necessary.

TENS Unit for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: TENS Unit for the Lumbar Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The MTUS recommends a treatment plan with short and long term goals of the TENS submitted. The guidelines state that a TENS unit can be

used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The request is not clear if this is for a trial or home use. The documentation does not indicate evidence of a one month trial with documented outcomes as recommended by the MTUS or evidence of a submitted treatment plan with short or long term goals. The request is not medically necessary.