MAXIMUS Federal Services

Case Number:	CM15-0186665		
Date Assigned:	09/28/2015	Date of Injury:	08/12/2012
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 8-12-12. The injured worker is being treated for adjustment disorder with depressed mood, lumbago, sprain-strain of hip and thigh, crushing injury of foot and chronic pain due to trauma. (MRI) magnetic resonance imaging of lumbar spine performed on 7-17-15 revealed lumbar spondylosis with multilevel annular bulging, mild to moderate central canal stenosis and right greater than left lateral recess stenosis at L4-5 and mild non-compressive foraminal narrowing on the left at L3-5 bilateral at L4-5 and on right at L5-S1. Treatment to date has included oral medications including Methadone HCL, Gabapentin 600mg, Flexeril 10mg, Percocet 325-10mg and Etodolac 400mg, home exercise program, lumbar support and activity modifications. On 6-26-15 and 7-17-15, the injured worker complains of continued, unchanged low back pain along with lower extremity paresthesias pain, she also states her hips and right foot are still very painful and she continues to rely on current medication regime to preserve functionality and maintain ease of activities of daily living. Disability status is noted to be permanent and stationary. Physical exam performed on 7-17-15 revealed pain with lumbar extension, tenderness over paralumbar extensors, tenderness over facet joints, limited range of motion due to pain, positive straight leg raise on right and decreased strength in right foot-ankle and right quadriceps and hamstring. The treatment plan on 7-17-15 included refilling Gabapentin, Percocet, Etodolac and Flexeril, continuation of topical analgesic creams, continuation of home exercise program and transcutaneous electrical nerve stimulation (TENS) unit. On 8-27-15 a request for transcutaneous

electrical nerve stimulation (TENS) unit for purchase and right L4-5 transforaminal epidural steroid injection were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: 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: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended 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, for the conditions described below. 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 information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have not been met and the request is not medically necessary.

Right L4-L5 TFESI: 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: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this

treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic 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 provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore, the request does not meet all criteria as outlined above and is not medically necessary.