

Case Number:	CM15-0188429		
Date Assigned:	10/08/2015	Date of Injury:	04/02/2014
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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:

This 48 year old woman sustained an industrial injury on 4-2-2014. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbago, sciatica, spondylosis without mention of myelopathy, and neuropathic pain. Treatment has included oral medications, physical therapy, and transforaminal epidural steroid injections. Physician notes dated 8-21-2015 show complaints of low back pain rated 6 out of 10. The physical examination shows lumbar spine range of motion as flexion 40 degrees, extension 10 degrees with pain, bilateral lateral rotation 10 degrees with pain, negative straight leg raise, spasming and twitching was noted upon palpation of the bilateral quadratus laborum and erector spinae muscles, persistent paresthesias are noted to the bilateral L2 and L4 dermatomes, gait is mildly antalgic, and an assistive device is used for ambulation. Recommendations include TENS unit for home use, bilateral transforaminal lumbar epidural steroid injections, Percocet, stop Diclofenac, start Amrix, resume physical therapy, urine drug screen, and follow up in four weeks. Utilization Review denied requests for bilateral lumbar transforaminal epidural steroid injections and TENS unit for home use on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at Bilateral L2-3 and Right L4-5 with Sedation and Fluoroscopic x 2 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

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

Decision rationale: The patient presents with low back pain radiating to the bilateral legs. The current request is for Transforaminal Epidural Steroid Injection at Bilateral L2-3 and Right L4-5 with sedation and fluoroscopic time two for the lumbar spine. The treating physician's report dated 08/21/2015 (16B) states; we will re-request Bilateral L2/3 and Right L4/5 Transforaminal Epidural Steroid Injection again. She previously had these epidural steroid injections which gave her significant and prolonged pain-relief. Repeating these injections again should provide her with similar pain relief. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The examination in the 08/21/2015 (16B) report shows a negative straight leg raise. Patrick's test is negative. Sensory perception is intact except with persistent paresthesias in the bilateral L2 and right L4 dermatomes. Her gait is mildly antalgic. MRI reports were not provided for review. In this case, the patient's previous ESI did not result in at least 50% pain relief for 6 to 8 weeks. Given that the patient does not meet the criteria based on the MTUS guidelines for epidural steroid injections, the current request is not medically necessary.

TENS Unit and Supplies: 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 patient presents with low back pain radiating to the bilateral legs. The current request is for TENS unit and Supplies. The treating physician's report dated 08/21/2015 (16B) states, we will continue to request TENS unit for lumbar spasms and pain. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-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. The physical therapy report dated 04/02/2015 (46B) states, Presents reduced back pain that is primarily L sided. TENS has been an effective means of pain management post sessions. It appears that the patient has been utilizing the TENS unit during physical therapy sessions. There is no documentation of a 1 month home-based TENS trial. In this case, MTUS recommends that a trial be completed to determine its efficacy in terms of pain and functional improvement. The current request is not medically necessary.

