MAXIMUS Federal Services

| Case Number: | CM15-0196715 | | |
|---|---|---|---|
| Date Assigned: | 10/12/2015 | Date of Injury: | 11/25/2014 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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: Preventive Medicine, Occupational 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 November 25, 2014. Primary treating office visit dated March 11, 2015 reported subjective complaint of "lower back pain and left leg sciatica radiculopathy." Her leg symptoms "have resolved," but she continues with "low back pain." She has "fairly severe degenerative disc disease." She is taking: Naprosyn, Flexeril, and Vicodin, and is requesting more. There is note of authorized physical therapy session pending scheduling. She is to continue with light modified work duty, initiate physical therapy session and continue medications. At primary follow up dated January 2015 the worker had subjective complaint of worsened pain since performing physical therapy session and even had to stay off from work due to the pain. She was recommended continuing with physical therapy session and was placed back on temporary total disability. At primary follow up February 2015 she noted "improvement." The patient is showing some progress and she will be sent back to a trial of modified work duty with request for additional therapy. At the end of February follow up there was no improvement and the patient noted requesting a MRI with noted discussion stating no radicular symptoms, not surgical candidate as conservative care is still in beginning stages. She is taken back out of work pending additional therapy session. Primary follow up dated August 19, 2015 reported the worker stating another injury for separate claim occurring July 17, 2015 and seeing another provider for coverage. She states currently taking: Naproxen, Flexeril and Tramadol. The assessment noted: lumbar strain and lumbar radiculitis. The plan of care is with requesting recommendation for lumbar epidural injection, TENS unit one month trial, continue with physical therapy and current medication. On August 19, 2015 a request was made for lumbar epidural steroid injection administration and a trial of TENS unit which were non-certified by Utilization review on September 11, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar steroid epidural injection:** Upheld

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

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

**Decision rationale:** MTUS Guidelines have recommended that very specific criteria be met to justify the use of epidural injections. These Guideline criteria include the necessary presence of well-defined radiculopathy that follows a dermatomal pattern and is consistent with diagnostic study results. This individual does not meet this criteria. There is reported to be some leg pain (radiculitis), but there is no defined dermatomal loss (sensation or motor). There are no unusual circumstances to justify an exception to Guidelines. The requested epidural injection (L5-S1) is not supported by Guidelines and is not medically necessary.

**TENS unit for the lumbar spine:** Upheld

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

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

**Decision rationale:** MTUS Guidelines have very specific criteria to justify the trial and possible long-term use of a TENS unit. This individual has a chronic pain syndrome which may qualify for a TENS trial as requested. However, the requesting physician does not provide adequate details to show compliance with Guideline recommendations. The Guidelines recommend a 30-day rental as part of a trial period and there are no specifics that this request is for a rental trial vs. a purchase. Without the necessary specificity, the request is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. Under these circumstances, the TENS unit for the lumbar spine is not medically necessary.