

Case Number:	CM15-0206804		
Date Assigned:	10/26/2015	Date of Injury:	04/10/2014
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female, who sustained an industrial-work injury on 4-10-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discogenic disease, lumbar Herniated Nucleus Pulposus (HNP), lumbar radiculitis, closed head injury, post traumatic headaches, cervical strain and cervical discogenic disease. Per the treating physician report dated 8-26-15 the work status is modified. Medical records dated (6-25-15 to 8-26-15) indicate that the injured worker complains of continued low back pain with pain in the leg. She also complains of cervical pain that radiates to the right arm. The physical exam of the lumbar spine dated 8-26-15 reveals pain with all ranges of motion, sensation is decreased at L3-S1 bilaterally, and L3-S1 radiculopathy bilaterally and there is right lumbar tenderness noted. The cervical exam reveals tenderness at the right trapezius and right arm pain that radiates to the right elbow. The physician indicates that lumbar x-rays were done and reveal mild spondylitis. The cervical; x-rays reveal congenital fusion at C5-6. The physician also indicates that the cause of the radicular pain is due to lumbar spinal stenosis as established by imaging studies, history and exam. The physician indicates that treatment to date has included pain medication, activity modifications, rest and physical therapy, which the injured worker has failed. The requested services included Bilateral lumbar epidural steroid injection at L3-S1 and TENS (Transcutaneous Electrical Nerve Stimulation) unit for cervical and lumbar spine. The original Utilization review dated 10-2-15 non-certified the request for Bilateral lumbar epidural steroid injection at L3-S1 and TENS (Transcutaneous Electrical Nerve Stimulation) unit for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection at L3-S1: 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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic 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. Per progress report dated 8/26/15, it was noted that sensation was decreased at L3-S1 bilaterally. Motor exam and reflexes were not documented. Imaging study was not available for review. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit for cervical and 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 Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review does not contain evidence of a successful one-month trial with TENS unit. Absent such documentation, medical necessity cannot be affirmed.