

Case Number:	CM15-0021736		
Date Assigned:	02/11/2015	Date of Injury:	07/25/2011
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

She presented on 10/28/2014 with complaints of pain in her right lower extremity. She described the pain as coming from her back down to her posterior gluteus down her posterior thigh and wraps around her lateral calf and then to her ankle and the lateral foot. The provider documents she is stable on her current medications. Physical exam noted a positive straight leg raise on the right lower extremity at 5 degrees. She had difficulty moving her right leg in front of her body. Sensation was equal and intact. Motor strength was 4/5 bilaterally in her lower extremity. She had an antalgic gait. Follow up visits in November noted she was continuing pool therapy and medications. Diagnoses were lumbar degenerative disc disease with radiculopathy, failed back surgery syndrome, sacroilitis and, myofascial spasm. The provider requested epidural steroid injection at the visit 10/28/2014. On 01/09/2015 the request for transforaminal epidural steroid injection to lumbar 5 was non-certified by utilization review. MTUS was cited. The request for trial H wave unit was also non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection to L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Transforaminal epidural steroid injection is recommended when radiculopathy is documented by physical examination and corroborated by imaging studies and is initially unresponsive to conservative treatment. In this case, the documentation does not reflect evidence of radiculopathy. In addition, imaging studies do not show nerve encroachment. The clinical records do not document that all conservative treatments have been tried. Thus Transforaminal epidural steroid injection is not medically appropriate and necessary.

Trial H Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 148.

Decision rationale: Trial H wave is not recommended as an isolated intervention, but a one month trial may be considered if used as an adjunct to a program of functional restoration and only following failure of conservative care. In this case, clinical documentation indicates that the patient had a functional working spinal cord stimulator. The clinical records do not indicate that the unit would be used as an adjunct to the program of functional restoration. The documentation also does not indicate any functional deficits for which the H wave unit would be used. Also, clinical information does not show evidence of failure of other conservative treatment. Thus, the trial of H wave is not medically appropriate and necessary.