

<b>Case Number:</b>	CM15-0037801		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	05/19/1988
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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:

The injured worker is a 65 year old female who sustained an industrial injury on 05/19/98. She reports low back pain radiating down both legs with numbness and tingling. Diagnoses include lumbar discopathy with disc placement, status post lumbar fusion, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Treatments to date include medications and surgery. In a progress note dated 02/07/15 the treating provider recommends Vicodin, 3 lumbar ESIs, physical therapy, and a TENS unit with batteries and supplies. On 02/27/15 Utilization Review non-certified the TENS unit and ESIs, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with low back pain radiating to the bilateral legs with numbness and tingling. The physician is requesting 3 EPIDURALS STEROID INJECTIONS. The RFA from 02/07/2015 shows a request for epidural steroid injection times 3. The patient's date of injury is from 05/19/1988 and she is currently off work. 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. The records show no previous history of epidural steroid injections. The 02/07/2015 report notes decreased range of motion secondary to pain and stiffness in the lower back. Patrick's and FABER's tests are positive. Sensation is diminished to light touch and pinprick at the bilateral L5- S1 dermatome. DTRs are 1+. There are no MRIs provided for review. In this case, the MTUS guidelines require corroborating imaging studies for an epidural steroid injection. The request IS NOT medically necessary.

**TENS unit with replacement batteries and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** This patient presents with low back pain radiating to the bilateral legs with numbness and tingling. The physician is requesting a TENS UNIT WITH REPLACEMENT BATTERIES AND SUPPLIES. The RFA from 02/07/2015 shows a request for a tens unit with the replacement batteries and supplies. The patient's date of injury is from 05/19/1988 and she is currently off work. 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 records do not show that the patient has received a 30 day TENS trial. The 02/07/2015 report notes decreased range of motion secondary to pain and stiffness in the lower back. Patrick's and FABER's tests are positive. Sensation is diminished to light touch and pinprick at the bilateral L5- S1 dermatome. DTRs are 1+. The MTUS guidelines recommend a trial before its purchase. While the patient may require a 30 day trial, the current request for a TENS unit with replacement batteries and supplies IS NOT medically necessary.