

Case Number:	CM15-0058668		
Date Assigned:	04/03/2015	Date of Injury:	08/29/2013
Decision Date:	08/03/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year-old female who sustained an industrial injury on 08/19/13. She reports neck and back pain after pushing a door. Diagnoses include cervicgia, lumbago, cervical disc degeneration, lumbar/lumbosacral disc degeneration, and lumbar disc displacement. MRI of the cervical spine indicated multilevel degenerative disc disease from C4-5 to C6-7. MRI of the lumbar spine showed increased disc bulging at L4-5 with an annular tear to the left midline. Treatments to date include pain medication management, radiographic imaging, physical therapy, and epidural steroid injections. In a progress note dated 01/09/15, the injured worker reports chronic and aching neck pain rated as a 3 out of a 10 point pain scale with medications, and 5-8/10 without. Cervical epidural steroid injection on 01/05/15 was greatly beneficial and provided at least 70% pain relief of neck and arm pain. She is having increased low back and right leg pain. Physical examination was remarkable for a stiff gait. There is improvement in tenderness and tightness to the cervical spine over the bilateral trapezii; extension is 20% restricted, flexion is 30% restricted, and rotation is 20% restricted. She has tenderness about the right shoulder and high lumbar/low thoracic spine. Lumbar spine range of motion is restricted; she has positive straight leg raise. Hips are moderately tender to palpation over bilateral trochanteric bursae. Neurological examination reveals hypoesthesia down the posterolateral aspects of the bilateral upper extremities down to the 1st and 2nd fingers and right posterolateral thigh down to the knees. There is depressed bicep reflex. Treatment recommendations include L4-5 lumbar epidural steroid injection, and TENS unit/supplies for 6

months. The injured worker is under temporary total disability. Date of Utilization Review: 02/25/15

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4 & L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. The patient has the documentation of low back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy on exam for the requested level of ESI. Therefore criteria have not been met and the request is not medically necessary.

Rental of TENS unit & supplies x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 114-121.

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement. These criteria have not been met. In the review of the provided clinical documentation and the request is not medically necessary.