

Case Number:	CM14-0166535		
Date Assigned:	10/13/2014	Date of Injury:	07/31/2013
Decision Date:	11/13/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 58-year-old female who sustained a work injury on 7-31-1. Office visit on 10-30-14 notes the claimant has low back pain with radiculopathy right more then left to the lower extremity. The claimant has neck pain with stiffness. On exam, the claimant has TTP bilaterally right > left, TTP LLE L5-S1, positive SLR to the right with radiation to the calf. The evaluator recommended lumbar epidural steroid injection due to radicular pain. The claimant is continued on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Epidural Steroid Injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that interferential current stimulation is not recommended as a primary treatment modality. It is recommended in conjunction with treatments such as return to work, exercise, medications, and

limited evidence of improvement on those recommended treatments alone. There is an absence in documentation noting that to support interferential current stimulation as an isolated treatment modality. Therefore, the medical necessity of this request is not established.

1 Interferential Unit 30 Day Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Interferential Unit

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that interferential current stimulation is not recommended as a primary treatment modality. It is recommended in conjunction with treatments such as return to work, exercise, medications, and limited evidence of improvement on those recommended treatments alone. There is an absence in documentation noting that to support interferential current stimulation as an isolated treatment modality. Therefore, the medical necessity of this request is not established.

1 Urine Toxology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Use.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is an absence in documentation noting that this claimant has misuse or abuse in the use of her medications. Therefore, the requested non-specific urinalysis is not supported.