

Case Number:	CM14-0185239		
Date Assigned:	11/13/2014	Date of Injury:	09/01/2009
Decision Date:	12/19/2014	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/06/2014

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 Emergency Medicine 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:

The injured worker is a 62-year-old female with a reported date of injury on 09/26/2009. The mechanism of injury was lifting. Her diagnoses included cervical and lumbar radiculopathy, bilateral knee pain, bilateral shoulder pain and left elbow pain. Diagnostic studies included a right knee MRI on 02/19/2014 and a CT of lumbar spine without contrast on 02/06/2014. Prior treatments included physical therapy. Surgical history included right knee surgery in 2010. On 10/14/2014, she complained of right knee pain with clicking. Upon physical examination, the injured worker had lumbar spine tenderness. The injured worker had decreased sensation to bilaterally at the outer thighs, legs, and plantar surface of both feet. The injured worker had a positive straight leg raise to the right at 40 degrees and to the left at 60 degrees with pain radiating to the ipsilateral legs. Her medication list included tramadol 50 mg, Protonix 20 mg, Flexeril 7.5 mg, and 3 transdermal compounds. The physician's treatment plan included recommendations for bilateral knee arthrograms and consultation with an orthopedist for her knee and shoulder complaints, continues physiotherapy and aquatic therapy treatments, lumbar block injections, block injections to her right shoulder and knees, a trial with percutaneous neurostimulation and an updated Functional Capacity Evaluation. The physician recommended the percutaneous neurostimulator for pain control and the lumbar block injection for pain control as well, if she failed physiotherapy. The Request for Authorization form was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Trial with Percutaneous Neurostimulator between 8/20/2014 and 12/11/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: The request for 1 trial with percutaneous neurostimulator between 08/20/2014 and 12/11/2014 is not medically necessary. The injured worker has a history of bilateral knee pain and is status post right knee surgery. The California MTUS guidelines state percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. PENS is similar in concept to TENS but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). There is a lack of documentation demonstrating the injured worker has tried TENS and it was ineffective. There is a lack of documentation providing evidence of obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). As such, the request is not medically necessary.

One 1) Lumbar Block Injection between 8/20/2014 and 12/11/2014: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for 1 lumbar block injection between 08/20/2014 and 12/11/2014 is not medically necessary. The injured worker has a history of lumbar radiculopathy. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The injured worker had decreased sensation to bilaterally at the outer thighs, legs, and plantar surface of both feet. The injured worker had a positive straight leg raise to the right at 40 degrees and to the left at 60 degrees with pain radiating to the ipsilateral legs. The request as submitted does not indicate the specific type of injection being requested, the levels at which the injection is to be performed, and whether the

injection will be performed using fluoroscopic guidance. Therefore, the request is not medically necessary.