

Case Number:	CM14-0089319		
Date Assigned:	07/23/2014	Date of Injury:	09/21/2012
Decision Date:	10/03/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with the date of injury of September 21, 2012. A Utilization Review was performed on May 22, 2014 and recommended non-certification of second left L5-S1 and left S1 transforaminal epidural steroid injection and home electrical muscle stimulation unit. A follow-up Evaluation Report dated May 7, 2014 identifies Interim History/Present Complaints of increased low back pain with extension and lateral bending. He underwent first left L5-S1 and left S1 transforaminal epidural steroid injection on April 10, 2013. He reported decreased radicular symptoms following the injection. He was able to sleep for longer periods. He also reported strength in his lower extremity and was able to go from a sitting to a standing position. Physical Examination identifies gait is antalgic to the left. Decreased lordosis and alignment. Diffuse tenderness noted over the lumbar paravertebral musculature. There is severe facet tenderness noted over the L4-S1 levels. Kemp's test is positive bilaterally. Farfan test is positive bilaterally. Decreased lumbar spine range of motion. Sensation is decreased at the left L5-S1 dermatomes. Assessment identifies lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Discussion identifies he reported approximately 50% to 60% improvement of pain and decrease in radicular symptoms with previous epidural steroid injection for five weeks. Treatment Recommendations identify request authorization for a second left L5-S1 and left S1 transforaminal epidural steroid injection and an electrical muscle stimulation unit 30-day trial for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second left L5-S1 and left S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Epidural Steroid Inject.

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

Decision rationale: Regarding the request for second transforaminal epidural inject, to L5-S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is note of approximately 50% to 60% improvement of pain and decrease in radicular symptoms with previous epidural steroid injection for five weeks and functional improvement. However, there is no pain relief with associated reduction of medication use for at least six weeks. In the absence of such documentation, the currently requested second transforaminal epidural inject, to L5-S1 is not medically necessary.

Transcutaneous electrotherapy Nerve Stimulator unit (TENS unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Nerve Stimulator unit (TENS unit).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for Transcutaneous electrotherapy Nerve Stimulator unit (TENS unit), Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, it is unclear if the unit will be used as an adjunct to a program of evidence-based functional restoration. In the absence of clarity regarding this issue, the currently requested Transcutaneous electrotherapy Nerve Stimulator unit (TENS unit) is not medically necessary.

