

<b>Case Number:</b>	CM14-0218755		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 26 year old female who sustained a work related injury on 7/2/13 with a fall to the ground. Symptoms included pain in the low back, rated 8/10 that radiated to the buttocks with occasional numbness and tingling sensation into the back of thighs. Primary diagnosis was patellar tendonitis. Treatment in question was for bilateral L5-S1 transforaminal epidural steroid injection and interferential unit 30 day trial for home use. Past medical history listed left foot surgery. Per the comprehensive pain management consultation report on 12/3/14, x-rays of the back and right knee were taken and reported as normal. Prescription medication was given with no reported relief. In 12/2013, x-rays and MRI was 'abnormal'. Yoga, exercises, and weight loss program were recommended. Diagnosis was lumbar disc disease, radiculopathy, lumbar facet syndrome, retrolisthesis of L4-L5 and anterolisthesis of L5-S1. There was note of failed conservative treatments (drug therapy, activity modification, and/or physical therapy). Epidural steroid injections were requested. Work status was deferred to the primary care physician. According to the primary treating physician's progress report (PR-2) dated 12/12/14, there was mild decreased range of motion and pain (7/10) to the right knee that increased while climbing stairs and pain to the lumbar region. There was diffuse tenderness over the lumbar paravertebral muscles and tenderness over the L4-S1 spinous process. There was a positive bilateral straight leg raise, 5/5 strength, with the exception of the Big toe extensor which was noted to be 4/5. An epidural of the lumbo/sacral area was ordered with indication to consider of spinal surgery if relief was not obtained. Work status was to return to usual and customary duties on 12/12/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral L5-S1 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for bilateral L5-S1 transforaminal epidural steroid injection is not medically necessary. According to California MTUS Guidelines, epidural steroid injection is recommended to help facilitate progress in a more active programs when there is radiculopathy documented by physical exam findings and corroborated with electrodiagnostic and/or imaging studies. Documentation should show that the injured worker had failed initially recommended conservative treatment, and injections should be performed with the use of fluoroscopy for guidance. No more than 2 root levels should be injected using transforaminal blocks. Documentation submitted for review noted that the injured worker failed conservative treatment, to include drug therapy, activity modifications, and physical therapy. Official MRI was noted to be "abnormal." There was physical exam findings of diffuse tenderness of the lumbar paravertebral muscles and tenderness over the L4-S1 spinous process. Was a positive bilateral straight leg raise with 5/5 strength, with the exception of 4/5 over the big toe extensor. There was lack of evidence of radiculopathy noted on physical exam and corroborated by imaging studies. Additionally, there was no documentation showing a plan for active therapy following the injection. As such, medical necessity has not been established.

### **Interferential unit 30 day trial for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

**Decision rationale:** The request for an interferential unit 30 day trial for home use is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. 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 results of studies are inconclusive, and 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. There is lack of documentation indicating if the injured worker would be using the TENS unit as an adjunct to a program of evidence based functional restoration. A TENS unit is not recommended as a primary treatment modality, and without an adjunctive treatment, TENS unit would not be indicated. Additionally,

the provider does not indicate the site at which the interferential unit was indicated for in the request as submitted. As such, medical necessity has not been established.