

<b>Case Number:</b>	CM15-0102892		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Massachusetts

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:

This 46 year old male sustained an industrial injury to the low back on 12/14/00. Previous treatment included magnetic resonance imaging, electromyography, chiropractic therapy, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (2/10/06) showed lumbar spondylosis with disc protrusion. Electromyography (3/20/01) showed possible left S1 radiculopathy. In a PR-2 dated 4/20/15, the injured worker complained of low back pain rated 7.5/10 on the visual analog scale with medications and 10/10 without medications. The injured worker stated that his quality of sleep was poor and that his activity level had decreased while his quality of life had remained the same. Physical exam was remarkable for lumbar spine with tenderness to palpation to paraspinal musculature, negative straight leg raise test, restricted range of motion and normal heel and toe walk. Sensory and motor examination was normal. Current diagnoses included lumbar spine radiculopathy, lumbar spine degenerative disc disease and low back pain. The physician noted that the injured worker's pain medications had been denied. The treatment plan included requesting authorization for medications (Norco, Lyrica and Skelaxin), lumbar epidural steroid injections at L5-S1, transcutaneous electrical nerve stimulator unit and six sessions of chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection for the left L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury in December 2000 and continues to be treated for low back pain. When seen, pain was rated at 7.5/10 with medications which were working well. There was negative straight leg raising with a normal neurological examination. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. In this case, there are no complaints or physical examination findings of radiculopathy. The request is not medically necessary.

**Tens unit purchase for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy Page(s): 114, 121.

**Decision rationale:** The claimant sustained a work-related injury in December 2000 and continues to be treated for low back pain. When seen, pain was rated at 7.5/10 with medications which were working well. There was negative straight leg raising with a normal neurological examination. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore providing a TENS unit was not medically necessary.