MAXIMUS Federal Services

Case Number:	CM15-0013690		
Date Assigned:	02/02/2015	Date of Injury:	06/15/2008
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 70-year-old male who reported an injury on 06/15/2008. The injured worker was reportedly struck by a heavy bag of soil, causing injury to the cervical and lumbar spine. The current diagnoses include right lumbar radiculopathy, severe lumbar stenosis, and status post lumbar fusion times 2. The injured worker presented on 12/04/2014 with complaints of radiating low back pain. The injured worker reported an improvement in symptoms with the use of pain medication and rest. Upon examination, there was 5/5 motor strength in the bilateral lower extremities, no gross sensory deficits, symmetric muscle tone in the lower extremities, 2+ deep tendon reflexes, limited range of motion secondary to pain, and tenderness to palpation of the bilateral thoracic and lumbar paraspinal musculature. Recommendations at that time included a TENS unit, physical therapy, and a right L3-4 transforaminal epidural steroid injection. A Request for Authorization was then submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

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

Decision rationale: California MTUS Guidelines state transcutaneous electrical therapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. A 1 month trial should be documented. There was no documentation of a failure of other appropriate pain modalities, including medication. The injured worker reported improvement in symptoms with the use of the current pain medication regimen, and was pending a course of physical therapy. There was also no documentation of a successful 1 month trial prior to the request for a TENS unit purchase. Given the above, the request is not medically appropriate at this time.

RIGHT L3/4 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented with physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While it is noted that the injured worker reported radiating low back pain, there was no evidence of radiculopathy upon examination. The injured worker had normal motor strength, 2+ deep tendon reflexes, and intact sensation. There is further no corroborating imaging or EMG/NCS reports provided to establish objective findings consistent with radiculopathy. Given the above, the request is not medically appropriate in this case.