

<b>Case Number:</b>	CM15-0113245		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

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 43 year old male who sustained a work related injury July 2, 2012. While lifting a five gallon bottle of water, he twisted and developed severe low back pain and radicular symptoms. He underwent conservative treatment including physical therapy. Past history included a lumbar microdiscectomy February, 2013, L4-5 global fusion January, 2014. According to an initial consultation, dated April 28, 2015, the injured worker presented with low back pain radiating down his left lower extremity and increased thoracic pain. He reports going to the gym and walking in the pool daily. He rates his pain 9/10 without medication, and is not taking medication at this time. Physical examination of the lumbar spine revealed pain with flexion and extension, trigger point tenderness of the L4-5 and L5-S1 paraspinal muscles, and straight leg raise is positive on the left side. The thoracic back has trigger point tenderness T9- T12 paraspinal muscles and pain with rotation at the waist. Heel-toe walking is normal. Impressions are chronic low back pain s/p laminectomy L4-5, L5-S1 fusion; lumbar radiculitis/radiculopathy; thoracic back pain with disc bulge/protrusions T4-5, T5-6, T7-8, T8-9; chronic pain syndrome. At issue, is a request for authorization for H-Wave trial and Interlaminar ESI (epidural steroid injection).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar ESI (epidural steroid injection) with conscious sedation and fluoroscopic guidance at T8-9: 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 ESI Page(s): 47.

**Decision rationale:** Regarding the request for intrathoracic epidural steroid injection (ESI) at T7-8 level, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is documentation of mid back pain radiating to the front of the chest when he takes a deep breath or leans forward, which is consistent with radiculopathy, and one would not expect to find any physical examination findings of radiculopathy for a thoracic radiculopathy. However, imaging corroboration is recommended by the CA MTUS and there is no MRI report included for review. The provider notes that an MRI shows cord effacement, but without more specific documentation regarding the location and size of the herniation, degree of stenosis, etc., the notation of cord effacement does not necessarily corroborate radiculopathy. In light of the above issues, the currently requested intrathoracic epidural steroid injection (ESI) at T7-8 level is not medically necessary.

**H-Wave trial for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

**Decision rationale:** Regarding the request for a trial of H-wave stimulation, the CA MTUS specify that this is a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. It is recommended only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there is no evidence of failed TENS trial. This would include a description of the duration, frequency, and associated functional restoration program accompanying a TENS trial. Given this requirement, this H-wave stimulation trial does not meet CPMTG criteria. Thus, it is not medically necessary.