MAXIMUS Federal Services

Case Number:	CM15-0119780		
Date Assigned:	06/30/2015	Date of Injury:	09/30/2008
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male sustained an industrial injury on 9/30/08. He subsequently reported back and knee pain. Diagnoses include lumbosacral disc protrusion, multilevel cervical discopathy and multilevel disc protrusions. Treatments to date include MRI on 10/30/12 which showed multilevel disc bulges and status post decompressive laminectomy including mild encroachment to the right neuroforamen, TENS therapy, knee brace, knee surgery, lumbar spine surgery, injections and prescription pain medications. The injured worker continues to experience lumbar pain and radicular pain in the bilateral lower extremities. Upon examination from 10/31/14 clinic note, there is tenderness over the medial aspect of the bilateral knees with crepitus. The cervical and lumbar spine have reduced ranges of motion. The lumbar spine reveals tenderness of the paraspinal musculature. The cervical spine reveals myospasm and tenderness of the paraspinal musculature. There is no mention of positive straight leg raise or decreased strength or sensation in a dermatomal distribution. A request for epidural steroid injection L/S and TENS unit with supplies was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, criteria for the use of epidural steroid injections.

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

Decision rationale: According to MTUS, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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." From my review of the records the first criteria has not been met, as radiculopathy has not been documented on the physical exam. From my review of the records there is lacking both subjective exam evidence and physical exam evidence of radiculopathy. Consequently, the requested epidural steroid injection is not medically necessary at this time.

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According to MTUS guidelines, 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 for... chronic intractable pain." Criteria for use include: Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit

should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Considering there is lack of proven efficacy of prior trial treatment of TENS including no documented evidence of improved functional capacity or quantitative measure of pain relief, the purchase of a unit and supplies is not medically necessary at this time.