

Case Number:	CM15-0121329		
Date Assigned:	07/02/2015	Date of Injury:	02/02/2014
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California
 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:

The applicant is a represented 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 2, 2014. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for lumbar spine x-rays, a TENS unit, and a transforaminal epidural steroid injection at L4-L5. The claims administrator referenced a May 8, 2015 progress note and an associated RFA form of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On April 10, 2015, the applicant reported ongoing complaints of low back, knee, hip, ankle, foot, and leg pain, aggravated by lifting, carrying, bending, kneeling, walking, sitting, and standing. The applicant was avoiding socializing with friends, exercising, and driving secondary to his pain complaints. The applicant was apparently working with permanent limitations in place, the treating provider reported. The note was somewhat difficult to follow as it mingled historical issues with current issues. X-rays of the lumbar spine, electrodiagnostic testing of left lower extremity, and a left transforaminal L4-L5 epidural steroid injection were endorsed. Norco and Neurontin were prescribed. The applicant had completed 12 recent sessions of manipulative therapy, it was reported. The attending provider stated that the x-rays of lumbar spine were being performed for the purposes of ruling out instability of the spine. The requesting provider, however, was a pain management physician, it appeared, not a spine surgeon. The attending provider stated that electrodiagnostic testing of left lower extremity was intended for the purposes of further evaluating the applicant's lumbar radicular pain complaints. The attending provider did, however, give the applicant a primary diagnosis of lumbar radiculopathy. The applicant's past

medical history was negative for diabetes, hypothyroidism, or HIV but reportedly notable for hepatitis B. There was no mention of the applicant's hepatitis B being currently active, however, as of this point. The attending provider did not state whether the applicant had or had not received prior epidural steroid injection therapy. On May 8, 2015, the applicant reported 4-8/10 pain complaints. The applicant had received unspecified injections through another provider, it was suggested in the history of present illness section of the note. The applicant was reportedly worsening, the treating provider reported. The attending provider referenced lumbar MRI imaging of April 9, 2014 notable for crowding of the gutter at the L3-L4 disk space with associated contact upon the left L4 nerve root. An L4-L5 epidural steroid injection was also sought, along with flexion and extension x-rays of the lumbar spine to rule out instability. Electrodiagnostic testing of the left lower extremity was again sought while Norco and Neurontin were prescribed. The note was, in large part, identical to the earlier note of April 10, 2015. The requesting provider, once again, appeared to be a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

TF ESI Left L4-5: Upheld

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

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

Decision rationale: No, the request for a transforaminal injection at L4-L5 is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radiculopathy, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. Here, there did not appear to be clear radiographic corroboration of radiculopathy at the level in question, L4-L5. The attending provider referenced an old lumbar MRI of 2014 reportedly suggestive (but not conclusive) for radiculopathy at the L4 level. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider suggested on May 8, 2015 that the applicant had received previous injection, presumably an epidural injection, through previous provider. It did not appear that the applicant had responded favorably to the same in terms of the functional improvement parameters established in MTUS 9792.20e. The applicant remained dependent on analgesic and adjuvant medications such as Norco and Neurontin. The same, unchanged, 10-pound lifting limitation was renewed on multiple office visits, referenced above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite seeming receipt of one prior epidural steroid injection therapy. Therefore, the request is not medically necessary.

X-rays Lumbar Spine with Lateral Flexion, Extension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Similarly, the request for x-rays of the lumbar spine with flexion and extension views is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiography, including the oblique views at issue, is deemed "not recommended". Here, the attending provider did seemingly state that he was intent on performing the flexion and extension views of the lumbar spine for routine evaluation purposes, without any clearly formed intention of acting on the same, for the purposes of "ruling out" instability. The requesting provider was a pain management physician, not a spine surgeon. The requesting provider also noted on May 8, 2015 that the applicant was not intent on pursuing any kind of surgical remedy, stating that the applicant "defers surgical options". The routine performance of flexion and extension views of the lumbar spine was not, thus, indicated in the clinical context present here. Therefore, the request is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

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

Decision rationale: Finally, the request for a TENS unit [purchase] is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of favorable outcomes in terms of both pain relief and function. In this case, however, it appeared that the attending provider sought authorization for and/or dispensed the TENS unit in question on either April 10, 2015 or May 8, 2015, without having the applicant undergo a one-month trial of the same. Therefore, the request is not medically necessary.