

<b>Case Number:</b>	CM15-0177443		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 is a 59-year-old male worker who was injured on 2-5-2009. The medical records indicated the injured worker (IW) was treated for post-traumatic bilateral knee pain, low back pain, bilateral hip pain and elbow pain. In the progress notes (1-13-15 to 6-26-15) the IW showed no improvement. He reported middle and lower back pain and bilateral elbow pain. He had repeated complaints of his pain not being addressed by his insurance. He stated his quality of life was "just going down" and there were days he could not get out of bed. He rated his pain 12 out of 10. He was taking Norco 10-325mg eight per day and Valium 10mg twice daily. He was not working. The physical examinations (1-13-15 and 6-26-15) showed no improvement. There was 3+ tenderness in the lumbar paraspinal muscles, positive leg raising at 45 degrees and normal reflexes. Forward flexion was to 3 and a half feet above the floor. The bilateral knees were extremely tender and swollen with crepitus present; he was unable to flex the knees. Both hips were tender and movement was painful. The elbows had 4+ tenderness, movement was painful and he could not flex the elbows all the way. The right elbow was swollen. An MRI of the lumbar spine on 5-6-15 showed broad-based right paracentral disc protrusion at L4-5 with facet hypertrophy resulting in bilateral neuroforaminal narrowing without evidence of central canal stenosis. Left elbow MRI on 5-6-15 was positive for ulnar neuritis, mild insertional tendinopathy of the triceps and biceps tendons and a grade II to III tear involving the common extensor tendon with intact lateral collateral ligament. Request for Authorization was received for a lumbar epidural steroid injection and a transcutaneous electrical nerve stimulator (TENS) unit. The Utilization Review on 8-12-15 non-certified the request for a lumbar epidural steroid

injection and the request for a transcutaneous electrical nerve stimulator (TENS) unit, as the CA MTUS Chronic Pain Medical Treatment guideline criteria was not met.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore the request does not meet all criteria as outlined above and is not medically necessary.

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation): 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have not been met and the request is not medically necessary.