

Case Number:	CM15-0090623		
Date Assigned:	05/14/2015	Date of Injury:	03/18/2002
Decision Date:	06/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 18, 2002. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for lumbar MRI imaging, a TENS unit and associated supplies, and an epidural steroid injection. The claims administrator referenced an April 28, 2015 RFA form in its determination, along with an associated office visit of April 21, 2015. The claims administrator noted that the applicant had undergone earlier lumbar laminectomy surgery in 1996 and an unspecified spine surgery in 2002. The claims administrator suggested that the applicant had used a TENS unit at various points in time. It was not clearly stated whether the applicant had or had not had previous epidural steroid injection, although the treating provider did allude to lumbar MRI imaging of November 26, 2013 notable for a dorsolateral disk protrusion at L4-L5, moderate canal stenosis at L1-L2 and L3-L4, severe neuroforaminal narrowing at L3-L5, and a far right lateral disk protrusion at L3- L4. The claims administrator then stated, somewhat incongruously, that there was no evidence that the applicant had failed conservative measures before the epidural steroid injection was proposed. The applicant's attorney subsequently appealed. On April 21, 2015, the applicant reported ongoing complaints of low back pain. The applicant was described as "disabled" since 2002. The attending provider stated that the applicant had received a previous epidural steroid injection which had provided several months of relief. The attending provider then went on to state that the applicant was currently bedridden. The applicant reported severe weakness about the left leg and muscle spasms about the low back, heightened over the

preceding week. A 4 cm limb length discrepancy was noted about the left calf when compared against the right. Hyposensorium was noted about the left leg. The applicant apparently had difficulty performing heel and toe raises about the left leg. A Medrol Dosepak, lumbar MRI imaging, and repeat epidural steroid injection therapy were apparently endorsed. There was no mention of the need for a TENS unit and associated pads in the April 21, 2015 progress note, although a RFA form of the same date did go on to request the TENS unit and supplies in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296, diagnostic testing for lumbar radiculopathy is not indicated for four to six weeks unless compression is severe or progressive. Here, however, the April 21, 2015 progress note at issue did seemingly suggest that the applicant's neurologic compression pertaining to the left lower extremity was in fact was severe. The applicant was unable to stand on his toes and heels. Weakness about the left leg was noted. Dysesthesias about the left leg were noted. The applicant's left leg pain complaints were described as severe and resulting in the applicant's being bedridden. Performing lumbar MRI imaging to determine the extent of the applicant's neurologic compression was, thus, indicated. Therefore, the request was medically necessary.

TENS Unit and Pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 115.

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

Decision rationale: Conversely, the request for a TENS unit and associated pads was not medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, procurement of the TENS unit on a purchase basis and provision of associated supplies is predicated on evidence of favorable outcome during the earlier one-month trial of the same, with favorable outcomes present in terms of both pain relief and function. Here, however, the April 21, 2015 progress note at issue made no mention to the applicant's having previously embarked upon and/or having received a favorable outcome during an earlier one-month trial of the device in question. It was not clearly established that the applicant had previously received a successful one-month trial of the TENS

unit in question before a request to purchase the same was initiated. Therefore, the request was not medically necessary.

Left Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009 Page(s): 46.

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

Decision rationale: Finally, the request for an epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal request for an epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and function improvement with earlier block. Here, however, the attending provider acknowledged on April 21, 2015 that the applicant had not, in fact, demonstrated lasting analgesia and functional improvement with earlier blocks. The applicant was described as disabled since 2002 on the April 21, 2015 progress note on which the epidural in question was requested. The applicant was apparently still using Percocet on that date at a rate of four tablets a day. The applicant reported heightened left leg pain complaints on April 21, 2015, it was further noted. The applicant was having difficulty standing and walking on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of at least one prior epidural steroid injection several months prior. Therefore, the request for a repeat epidural steroid injection was not medically necessary.