

Case Number:	CM15-0092873		
Date Assigned:	05/19/2015	Date of Injury:	11/18/2013
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: Internal 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 injured worker is a 52 year old female, who sustained an industrial injury on 11/18/13. The injured worker was diagnosed as having left side facet arthropathy, disc herniation, lumbago, sprain/strain of coccyx, bilateral leg pain and left anterior tarsal femoral. Treatment to date has included physical therapy and Lidoderm patches. Currently, the injured worker complains of left side low back pain with radiation down left leg rated 4-5/10. The injured worker continues to work without restrictions. Physical exam performed on 4/24/15 was unremarkable. The treatment plan included a TENS unit, continuation of physical therapy, recommendation of epidural steroid injections and ergonomic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

Decision rationale: Based on MTUS guidelines, ESI's are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative finding of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of 3" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a 3rd ESI is rarely recommended. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that ESIs may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of ESIs to treat radicular cervical pain. Criteria for use of ESIs: 1) Radiculopathy must be documented of 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 for guidance. 4) If used for diagnostic purposes, a maximum of 2 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 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support "series of 3" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case, there is no documentation of imaging study corroborating physical exam findings and there is no indication as to what level epidural steroid injection is needed. Therefore, based on MTUS guidelines and the evidence in this case, the request for a lumbar Epidural Steroid Injection is not medically necessary.

Ergo Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ergonomics Intervention.

Decision rationale: Based on ODG guidelines, ergonomic interventions are recommended as an option as part of a return-to-work program for injured workers. However, there is still conflicting evidence for prevention, so case by case recommendations are necessary (some literature support in low back though conflicting evidence, lack of risk). This study concluded

there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factor in prevention of low back pain. On the other hand, for improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. This recent randomized controlled trial with over 500 workers in an occupational setting provided no evidence for the adoption of a worksite back pain prevention program for low back pain (including individually tailored education and training, plus advice on ergonomic adjustment of the workplace). Training workers about proper material handling techniques or providing them with assistive devices are not effective interventions by themselves in preventing back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. The claimant in this case continues to work without work restriction. Also, in this case, there is no good documentation of the claimants work environment, nor her difficulties in the work environment that may be contributing to her symptoms, nor how changing the work environment might impact the claimant. Therefore, based on the evidence in this case, the request for Ergo evaluation is not medically necessary.

TENS Unit -Purchase for Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on MTUS guidelines, a TENS unit 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 the conditions described below. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II as well as CRPS I. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Criteria for use of TENS include: documentation of pain of at least 3 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, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short and long-term goals of treatment with the TENS should be submitted. TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. In this specific case, the patient does have documentation of pain of at least 3 months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, and it appears that a one-month trial period of the TENS was documented (as an adjunct to ongoing treatment modalities within a functional restoration approach). There is also documentation of 50% improvement in muscle spasms with the use of a TENS unit which improved her level of functioning. However, there is no documentation of how often the unit was

used. Also, a treatment plan including specific short- and long-term goals of treatment with the TENS unit was not submitted. Therefore, based on the evidence in this case and the review of the MTUS guidelines, the request for a TENS unit is not medically necessary. In this case, there is no documentation of 30 day trial of a TENS unit with beneficial results. Therefore, based on MTUS guidelines and the evidence in this case, the request for TENS unit-purchase for low back is not medically necessary.