

Case Number:	CM13-0020735		
Date Assigned:	03/03/2014	Date of Injury:	09/26/1997
Decision Date:	04/23/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of 9/26/97. A utilization review determination dated 8/30/13 recommends non-certification of C4 and C5 ESI with facet joint injections and mattress pad. Soma was modified from #90 to #5. 8/1/13 medical report identifies pain in the finger, neck, upper back, low back, hip, thigh, knee, ankle, foot, and toes. There is tingling associated with the pain, but no specifics regarding site(s) with tingling. On exam, sensory deficit is said to be present in the lower extremities corresponding to L3-S1 and motor deficit corresponding to L4-S1. SLR is positive with pain at 30 degrees on the left and [blank] degrees on the right. An ESI with facet joint injection was performed to the C4 and C5 disc levels along with IV infusion therapy. Additional recommendations included massage therapy, a mattress pad, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE C4 AND C5 EPIDURAL STEROID INJECTIONS WITH FACET JOINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 127.

Decision rationale: Regarding the request for ONE C4 AND C5 EPIDURAL STEROID INJECTIONS WITH FACET JOINT INJECTIONS, California MTUS and ODG note that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Regarding facet joint injections, ODG cites that they are not recommended and it is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatment. Within the documentation available for review, there are no recent symptoms or findings supporting a diagnosis of radiculopathy and/or facet arthropathy. Furthermore, there is no indication for the concurrent use of both epidural steroid injections and facet joint injections, and there is no provision for modification of the current request. In light of the above issues, the currently requested ONE C4 AND C5 EPIDURAL STEROID INJECTIONS WITH FACET JOINT INJECTIONS is not medically necessary.

SOMA 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Soma, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In light of the above issues, the currently requested Soma is not medically necessary.

ONE MATTRESS PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Chapter, Mattress selection

Decision rationale: Regarding the request for ONE MATTRESS PAD, California MTUS does not address the issue. ODG states that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In light of the above issues, the currently requested ONE MATTRESS PAD is not medically necessary.

