

Case Number:	CM13-0022314		
Date Assigned:	12/04/2013	Date of Injury:	09/11/2009
Decision Date:	01/28/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

The patient is a 45 year old female who reported an injury on 09/11/2009. The mechanism of injury was a fall. Her initial course of treatment is unclear, however, she is known to have had an EMG/NCS of the bilateral upper extremities on 03/15/2010 that reported no cervical radiculopathy and mild carpal tunnel syndrome bilaterally. There was also unofficial MRI results of the cervical spine that showed a 2mm posterior disc bulge at C5-6, C6-7, and C7-T1 without spinal stenosis present. She also received an unknown amount of acupuncture and a cervical epidural steroid injection in 2011 with limited benefit. The patient had a visit to the emergency room in June of 2013 for an unrelated medical issue. Around this time she was also referred for physical therapy and a work conditioning program, however, it is unclear if those were implemented. The patient continues to complain of chronic cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A repeat bilateral cervical epidural steroid injection at C5-6 and C6-7 with fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

Decision rationale: California MTUS Guidelines recommend the use of epidural steroid injections to reduce pain, restore range of motion, and avoid surgery; however, this treatment alone offers no significant long term effect. The guideline criteria include but are not limited to, objective documentation of radiculopathy found on physical examination; initially failed conservative treatment such as therapy, muscle relaxants, NSAIDs, etc.; and therapeutic injections and repeat blocks may only be administered if the first diagnostic block provided pain relief of at least 50% for 6-8 weeks. The most recent clinical note with a thorough physical examination dated 06/26/2013, revealed cervical flexion of 50 degrees and extension of 10 degrees; decreased deep tendon reflexes that were not quantified; and decreased bilateral upper extremity motor strength that was also not quantified but were noted to correlate to the C4-C7 dermatomes. There was no mention of sensory deficit within the report. In the treatment plan, the physician referred to a previous cervical steroid injection that was given on an unknown date to an unspecified level, as providing a "positive response". However, there was no objective documentation regarding pain levels and duration of relief to quantitatively measure the efficacy of the injection. Without detailed evidence showing that the minimum guideline recommendations were met, the medical necessity cannot be determined. Therefore, the request for a repeat bilateral cervical epidural steroid injection at C5-C6 and C6-C7 with fluoroscopic guidance is non-certified

Polar Freeze/Biofreeze gel: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option to primarily treat neuropathic pain; however, there is little evidence to support their efficacy or safety. Guidelines only recommend a few medications for topical application that include Ketamine, Gabapentin, Baclofen, Capsaicin, Lidocaine, and certain NSAIDs. Menthol, the active ingredient in Biofreeze, is not included in the recommendations. As such, the request for Polar Freeze/Biofreeze is non-certified.