

Case Number:	CM13-0033375		
Date Assigned:	12/06/2013	Date of Injury:	06/24/2011
Decision Date:	02/06/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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 and 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 40-year-old female who reported an injury on 06/24/2011. The patient is currently diagnosed with cervical radiculopathy. The patient was seen by [REDACTED] on 09/16/2013. Physical examination revealed mild tenderness in the right trapezius. Treatment recommendations included an epidural steroid injection, acupuncture, a TENS trial, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. The patient does not currently meet criteria for a proton pump inhibitor. Therefore, the request is noncertified.

Acupuncture (no frequency or duration given): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the clinical notes submitted, there is limited evidence of significant deficits on physical examination or functional limitation that would warrant the need for acupuncture treatment. The patient's latest physical examination only revealed tenderness to palpation. The medical necessity for the requested service has not been established. As such, the request is noncertified.

Cervical epidural steroid injection (no levels given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation ODG-TWC, ESIs.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radiculopathy with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient's latest physical examination only revealed tenderness to palpation. A previous examination on 07/01/2013 indicated decreased sensation at C6-8. However, the latest MRI of the cervical spine submitted for review is 2 years old, dated on 11/08/2011. The MRI indicated straightening of the cervical alignment and an otherwise negative MRI scan of the cervical spine. There is also no evidence of this patient's active participation in a rehabilitation program to be used in conjunction with injection therapy. There is also no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the patient does not currently meet criteria for a cervical epidural steroid injection. As such, the request is noncertified.

Rental of TENS unit for trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-120.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality but a 1 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. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, there is no treatment plan including the specific short and long term goals of treatment with a TENS unit submitted for review. There is also no evidence that other appropriate pain modalities have been tried and failed. Based on the clinical information received, the request is noncertified.