

Case Number:	CM13-0034732		
Date Assigned:	12/11/2013	Date of Injury:	06/26/1997
Decision Date:	02/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice, and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 6/26/97. The patient is currently diagnosed with cervical sprain and strain, multi-level cervical disc protrusion, right cervical radiculopathy, chronic pain syndrome, and chronic reactive clinical depression. The patient reported persistent neck pain with bilateral upper extremity radiation to [REDACTED] on 7/22/13. Physical examination revealed intact sensation; 2+ deep tendon reflexes throughout; moderate tenderness over the cervical paraspinal muscles and trapezius; tenderness over the C5-6, C6-7, and C7-T1; diminished range of motion; mild spasm with guarding; diminished strength on the right; and diminished sensation over the right C6-7 distribution. Treatment recommendations included C5-6 and C6-7 cervical epidural steroid injection followed by physical therapy and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections at C5-6 and C6-7 under fluoroscopy: Upheld

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

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

Decision rationale: The California MTUS guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, when used in conjunction with other rehabilitative 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 does maintain a diagnosis of cervical radiculopathy; however, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate this diagnosis. There is also no evidence of a failure to respond to recent conservative treatment with exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the request is non-certified.

Purchase of a TENS unit for replacement: 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 Page(s): 117-120.

Decision rationale: The California MTUS guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month, home-based TENS trial may be considered as a non-invasive 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, the patient has previously utilized a TENS unit. Documentation of how often the unit was used, as well as outcomes in terms of pain relief and function was not provided for review. There is also no documentation of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received, the request is non-certified.