

Case Number:	CM13-0036112		
Date Assigned:	12/13/2013	Date of Injury:	05/20/2011
Decision Date:	02/25/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 51-year-old female who reported injury on 5/23/11. The mechanism of injury was noted to be the patient lifting a rug. The patient was noted to undergo an anterior cervical decompression fusion surgery at C5-6 on 3/6/12. The patient was noted to have EMGs on 3/20/13 and 7/2/13. The most recent EMG indicated the patient had no electrical evidence of cervical radiculopathy or brachial plexopathy affecting the C5 through T1 nerve roots. The patient was noted to have a CT of the cervical spine on 6/18/13 which revealed there was no evidence of spinal or foraminal stenosis at C7-T1. There were noted to be posterior osteophytes and degenerative changes in the right facet joint at C6-7 causing a mild degree of spinal stenosis. There was noted to be no significant foraminal stenosis. There was noted to be diffuse osteophyte formation at C5-6 causing moderate spinal and bilateral foraminal stenosis. There was noted to be no spinal or foraminal stenosis at C2-3 and C4-5. There was noted to be degenerative changes in the Luschka and facet joints at C3-4, causing mild spinal stenosis and fairly severe bilateral foraminal stenosis. The patient was noted to have complaints of constant neck pain with radiation to the upper extremities to the level of the hand and fingers. The patient was noted to have associated numbness and tingling in the bilateral upper extremities to the level of the fingers and to have motor weakness in the bilateral upper extremities. It was indicated the patient's neck pain was associated with bilateral occipital headaches. The patient's diagnosis was noted to be cervical radiculitis, status post cervical fusion and chronic pain (other). The recommendation was made for a cervical epidural steroid injection at C5-6, a cold therapy unit with moist heat, and an interferential current stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing for an epidural steroid injection to take place; also, the patient must be initially unresponsive to conservative treatment. Objectively, the patient was noted to have tenderness along the bilateral trapezius muscles. Tenderness in the spinal vertebrae was noted in the cervical spine at C3 to C7 bilaterally, with tenderness on the bilateral occipital area upon palpation. The motor strength was noted to be within normal limits in the left upper extremity and showed decreased strength of muscles in the right upper extremity. The sensory examination showed decreased touch in the bilateral upper extremities along C6, C7 and C8 dermatomes. The clinical documentation submitted for review indicated the patient had a positive Spurling's test. The patient was noted to have decreased strength of the muscles in the right upper extremity, as well as decreased grip strength on the right. The patient was noted to have a decreased touch in the bilateral upper extremities along C6, C7 and C8 dermatomes. The most recent EMG indicated the patient had no electrical evidence of cervical radiculopathy or brachial plexopathy affecting the C5 through T1 nerve roots. The patient was noted to have a CT of the cervical spine on 6/18/13 which revealed there was no evidence of spinal or foraminal stenosis at C7-T1. There were noted to be posterior osteophytes and degenerative changes in the right facet joint at C6-7 causing a mild degree of spinal stenosis. There was noted to be no significant foraminal stenosis. There was noted to be diffuse osteophyte formation at C5-6 causing moderate spinal and bilateral foraminal stenosis. There was noted to be no spinal or foraminal stenosis at C2-3 and C4-5. The patient was noted to have complaints of constant neck pain with radiation to the upper extremities to the level of the hand and fingers. The patient was noted to have associated numbness and tingling in the bilateral upper extremities to the level of the fingers and to have motor weakness in the bilateral upper extremities. It was indicated the patient's neck pain was associated with bilateral occipital headaches. However, there is a lack of documentation indicating the patient's dates of service, efficacy and duration of conservative care and the laterality of the requested injection. Given the above, the request for a cervical epidural steroid injection at C5-6 is not medically necessary. As such, the request is non-certified.

60 day rental of an interferential unit and a cold therapy unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention; it should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to indicate the patient would be using the interferential unit with recommended treatments, including exercise. It also failed to include the necessity for a 60 day rental of the unit. The ACOEM Guidelines indicate at home local applications of cold packs during the first few days of acute complaints thereafter applications of heat packs. The clinical documentation submitted for review failed to provide the necessity of a cold therapy unit versus at home applications of ice packs or heat packs. Additionally, there was a lack of documentation indicating per the submitted request the length of duration requested for the device. Given the above and the lack of documentation of exceptional factors, the request for a 60 day rental of interferential unit and a cold therapy unit is not medically necessary. As such, the request is non-certified.