

Case Number:	CM13-0041915		
Date Assigned:	12/20/2013	Date of Injury:	12/21/2010
Decision Date:	04/17/2014	UR Denial Date:	09/19/2013
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 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:

According to the records made available for review, this is a 37-year-old male with a 12/21/10 date of injury. At the time (8/27/13) of request for authorization for prospective request for epidural steroid injection on the right at C6-C7 and prospective request for one TENS unit (30 day trial), there is documentation of subjective (neck and right shoulder pain radiating to the right arm with numbness and tingling sensation) and objective (tenderness and muscle guarding over the paravertebral musculature, positive Spurling's maneuver for radiating symptoms to the hand, and symmetrical loss of range of motion) findings, imaging findings (MRI of cervical spine (5/31/13) report revealed a 4mm right foraminal spondylotic disc protrusion at C6-7 with abutment of the exiting right cervical nerve root, moderate narrowing of the right neural foramen, and mild central canal narrowing), current diagnoses (cervical disc disease and cervical radiculopathy), and treatment to date (physical therapy, chiropractic treatment, activity modifications, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION ON THE RIGHT AT C6-C7: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease and cervical radiculopathy. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (positive Spurling's maneuver for radiating symptoms to the hand) radicular findings in the requested nerve root distributions, imaging (MRI) findings (nerve root compression) at the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for epidural steroid injection on the right at C6-C7 is medically necessary.

ONE TENS UNIT (30 DAY TRIAL): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous electrical nerve stimulation (TENS) Pa.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease and cervical radiculopathy. In addition, there is documentation of pain of at least three months duration, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, given documentation of an associated request for epidural steroid injection on the right at C6-C7, there is no clear documentation of evidence that other appropriate pain modalities have been tried (including medication) and failed. Therefore, based on guidelines and a review of the evidence, the request for one TENS unit (30 day trial) is not medically necessary.

