

Case Number:	CM13-0047130		
Date Assigned:	03/28/2014	Date of Injury:	11/16/2012
Decision Date:	05/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a TENS unit; a topical compound; lumbar epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. A clinical progress note dated October 17, 2013 states that the applicant reports persistent neck pain radiating to right shoulder, 3/10. The applicant also reports constant low back pain with associated burning and pinching. The applicant is using a TENS unit and home exercise kit as well as hot and cold therapy. The applicant is described as having cervical MRI demonstrating multilevel disc bulges and disc protrusions, including a focal central disc protrusion at C5-C6, which does efface the left and right C6 nerve roots. The applicant also describes as having a diffuse disc protrusion effacing the thecal sac at C6-C7 with associated right-sided neural foraminal stenosis. The applicant's grip strength is reportedly normal. There is muscle guarding. Spurling maneuver was negative. The attending provider states that the applicant has cervical pain in a radicular pain distribution, which has proven recalcitrant to conservative treatment in the form of physical therapy and NSAIDs. A clinical progress dated December 26, 2013 indicates that the applicant is reporting persistent neck pain radiating to the left shoulder. The applicant also states that he is having numbness, tingling, and weakness about the left hand and is dropping house keys. The applicant had a positive Spurling maneuver on this occasion with symmetric upper extremity reflexes. The applicant was asked to pursue a second diagnostic cervical epidural steroid injection on this date. The applicant underwent an epidural steroid injection on January 16, 2014.

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 C5-6: Overturned

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. In this case, the applicant does have neck complaints radiating to the arms. There is radiographic corroboration of the applicant's radiculopathy with evidence of cervical disc protrusion and associated thecal sac effacement and neural foraminal stenosis. The attending provider stated that the injection in question represented a first diagnostic epidural block. The California MTUS Chronic Pain Medical Treatment Guidelines does support up to two epidural blocks. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

CERVICAL EPIDURAL STEROID INJECTION AT C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. In this case, the applicant does have evidence of cervical disc protrusions with associated thecal sac effacement and neural foraminal stenosis at the levels in question. There are corresponding radicular signs on exam noted on at least one office visit. The California MTUS Chronic Pain Medical Treatment Guidelines do support up to two diagnostic blocks. The request in question represented a request for a first diagnostic block. This was indicated, for all the stated reasons. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

1 PSYCHOLOGICAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines do recommend psychological evaluations/psychosocial evaluations to determine if further psychosocial interventions are indicated, in this case, however, the attending provider has not clearly detailed or expounded upon the need for the evaluation in question. There was little or no mention made of the applicant's mental health issues or lack thereof on office visits of October 17, 2013, or September 4, 2013. No compelling rationale for the psychological evaluation was attached. It is not clearly stated whether the applicant is pursuing the evaluation for psychological purposes or for chronic pain purposes. Therefore, the request is not certified.

1 INTERNAL MEDICINE CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 127

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do suggest that the attending provider should seek out specialty consultations in cases in which an applicant proves recalcitrant to conservative management, in this case, however, no clear rationale for the internal medicine consultation has been provided. It is not stated why or for what purpose an internal medicine consultation is being sought. It is not clearly stated that the applicant has an internal medicine disease process such as diabetes or hypertension, which requires an internal medicine evaluation. Therefore, the request is not certified.

1 CERVICAL PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Cervical and Thoracic Spine Chapter, Sleep Pillows Section.

Decision rationale: The California MTUS guidelines do not address the topic of cervical pillows. In the third edition ACOEM Guidelines, Cervical Spine Chapter, there is no recommendation for or against the usage of specific commercial products such as sleep pillows or neck pillows as there is no evidence that provision of any one particular pillow would necessarily ameliorate the applicant's pain. Therefore, the request is not certified.

1 CERVICAL EXERCISE KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: According to the California MTUS-adopted ACOEM Guidelines to achieve functional recovery, applicants must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. However, the documentation provided for review does not give a clear rationale as to why the applicant is need of a specialized exercise kit. Therefore, the request is not certified, for all the stated reasons.

1 HOME CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: According to the California MTUS-adopted ACOEM Guidelines, traction is not recommended. Although the Chronic Pain Medical Treatment Guidelines do state that palliative tools such as traction could be used on a trial basis, in this case, the attending provider has sought authorization for purchase of the device without an earlier successful one-month trial of the same. Therefore, the request is not certified.