

Case Number:	CM13-0047341		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2002
Decision Date:	04/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 66-year-old female with a 4/9/2002 industrial injury claim. She has been diagnosed with cervical radiculitis, multiple bulging discs and trigger points in the trapezius, levator scapulae and rhomboids. According to the 9/24/13 PM&R report from [REDACTED], the patient presents with 4/10 neck pain. She says the cervical epidural steroid injection (CESI) on 7/23/13 gave 70% sustained relief, and she continues to receive acupuncture, but only 6-8 visits, and she takes Tylenol4/codeine as needed for pain. The plan was for another CESI, to continue Tylenol 4, and acupuncture 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL CORTICOSTEROID INJECTIONS C5-C7 UNDER FLUOROSCOPIC GUIDANCE 9/24/13 RPT: Upheld

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: The patient presents with 4/10 neck pain. There are no subjective or objective findings of radiculopathy. The patient has already had three cervical epidural steroid injections (C/ESIs) for 2013. Records show 4/30/13, then 2-weeks later on 5/14/13, then on 7/24/13. MTUS states for ESI, radiculopathy must be documented by physical exam and corroborated with imaging or electrodiagnostics. There were no physical exam findings of radiculopathy, and there were no imaging or electrodiagnostic studies provided for this IMR. MTUS also states there must be 50% pain relief with reduction in medications lasting at least 6-8 weeks. The physician reports reduction of pain over 50%, but does not state the duration, and there is no discussion of reduction of pain medications. Finally, MTUS states the recommend no more than 2 ESIs. The request is not in accordance with MTUS guidelines.

TYLENOL WITH CODEINE 4 #120 9/24/13 RPT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codiene, Acetaminophen Page(s): 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient presents with 4/10 neck pain. She has been using Tylenol with codeine, but there is no discussion of efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Tylenol with codeine. MTUS does not recommend continuing treatment if there is not a satisfactory response.

ACUPUNCTURE NECK THREE TIMES SIX 9/24/13 RPT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with 4/10 neck pain. She was reported to have had acupuncture, but only 6-8 sessions. According to MTUS/acupuncture guidelines, there should be some functional improvement in 3-6 sessions. MTUS defines functional improvement as: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment" The physician states it is helping, but does not show any improvement on the pain scale, does not document any reduction in work

restrictions, or improvement in ADLs or show a reduction in the dependency on continued medical treatment. There is no documented functional improvement with the prior 6-8 sessions of acupuncture. MTUS does not recommend continuing acupuncture without documentation of functional improvement.