

Case Number:	CM13-0048469		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2006
Decision Date:	05/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/05/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck reportedly associated with an industrial injury of November 16, 2006. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a cervical pillow; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report of October 30, 2013, the claims administrator denied a request for multilevel cervical epidural steroid injections. The claims administrator stated that the denial was predicated on lack of improvement with prior epidural steroid injections. The claims administrator also modified a request for an electrical muscle stimulator to a one-month trial of a conventional TENS unit. The applicant's attorney subsequently appealed. An earlier note of September 24, 2013 is notable for comments that the patient is a represented [REDACTED] eligibility worker with multifocal pain complaints. The applicant is on Norco, Prilosec, and Flexeril, it was stated. 5/5 lower extremity strength was documented with symmetric lower extremity reflexes and intact pain. The patient was also possessed of 4-5/5 upper extremity strength and diminished sensorium about the C5 through C7 dermatomes. Epidural steroid injection therapy and an electrical muscle stimulator unit were sought. A handwritten note of March 18, 2013 is notable for comments that the patient is off of work. In an appeal letter dated January 20, 2014, the primary treating provider writes that the patient has multilevel disk bulging and multilevel neuroforaminal stenosis noted on earlier cervical MRI imaging. The attending provider posits that the patient had responded favorably to earlier lumbar epidural steroid injection therapy. The attending provider further reiterates that the patient is currently working. It is stated that the patient does have radiographic corroboration of her radiculopathy with cervical MRI imaging demonstrating multilevel disk protrusions, and neuroforaminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C4-C5; RIGHT C5-C6 AND LEFT C6-C7 TRANSFACET EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Epidural Steroid Injections.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, no more than two nerve root levels should be injected using transforaminal blocks. In this case, the attending provider is seemingly endorsing pursuit of a three-level cervical epidural steroid injection. This is not recommended, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

EMS UNIT FOR 30 DAY TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation Topic Page(s): 121.

Decision rationale: Electrical muscle stimulation represents a form of neuromuscular stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context. It is not recommended in the chronic pain context present here. Therefore, the request is likewise not certified, on Independent Medical Review.