

<b>Case Number:</b>	CM13-0052175		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 65-year-old woman who sustained a work-related injury on March 9, 2012. Subsequently, the patient reported the chronic neck and shoulder pain. According to a progress note dated on October 23, 2013, the patient reported chronic neck pain radiating down the right shoulder with a severity of 8-9/10. Her physical examination demonstrated a positive Spurling test on the right, cervical tenderness, motor weakness in the right C5-C6 and C6-C7 distribution, decreased sensation in the right C6 and C7 dermatomes. The patient was treated with the activity modification and pain medications including Tramadol. Her MRI (magnetic resonance imaging) of the cervical spine performed on July 3, 2013, demonstrated no significant spinal stenosis. Her right shoulder arthrography performed on June 19, 2013 demonstrated full thickness tears of the supraspinatus tendon. Her provider requested authorization for the procedures below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL ESI AT C5-6 x 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): pg. 173, pg. 309.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections (ESI) are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy (physical examination, MRI (magnetic resonance imaging) and electrodiagnostic testing). The MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. As such, the request is not certified.

**TENS UNIT PURCHASE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous Electrical Nerve Stimulation, Page(s): pg. 97..

**Decision rationale:** According to MTUS guidelines, transcutaneous electrical nerve stimulation (TENS) is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. In this case, there is no evidence that a functional restoration program is planned for this patient. Furthermore, there no clear information about a positive one month trial of TENS. Therefore, the request of TENS unit (purchase) is not medically necessary.