

Case Number:	CM14-0000762		
Date Assigned:	01/17/2014	Date of Injury:	08/09/2007
Decision Date:	06/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California and Texas. 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 injured worker is a 44 year old female with a reported date of injury on 08/09/2007. The injured worker stated the mechanism of injury was a result of regular duties, which involved prolonged sitting, as well as typing and use of her upper extremities. The injured worker had complaints of pain in the neck with headaches, which she rated at 7-8/10. The pain radiated to the shoulders down to the arms with aching and burning to the three fingers. She also experienced pain in the upper back across the shoulders. The injured worker had decreased lordosis moderate tenderness noted over the cervical paraspinal musculature extending to both trapezius muscles with spasm the injured worker had positive bilaterally axial head compressions. The injured worker had a positive spurlings sign bilaterally and facet tenderness to palpation at C4-C7. Range of motion of the cervical spine demonstrated flexion bilaterally to 20 degrees, extension to 50 degrees bilaterally, lateral flexion to 30 degrees bilaterally, lateral rotation right to 60 degrees, left rotation to 70 degrees. The injured worker had moderate to severe neck pain with radiation to the C5 and C6 distributions bilaterally. Review of the MRI from 07/02/2013 revealed multi-level degenerative disc disease, greatest at C4-C5 and C5-C6 with neuroforaminal stenosis, greatest at C4-C5 and to a lesser extreme at C5-C6 and also some mild foraminal stenosis at C6-C7 as well. The injured worker had some weakness in those distributions as well and does have decreased reflexes in the biceps on the left. The injured worker had cervical disc disease, cervical radiculopathy, cervical facet syndrome, and status post bilateral carpal tunnel release. The treatment plan included a recommendation for a bilateral C4 - C5 and C5-C6 transfacet epidural steroid injection x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C4-C5 AND C5-C6 TRANSFACET EPIDURAL STEROID INJECTION TIMES 2: 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, Page(s): 46.

Decision rationale: The injured worker had decreased lordosis moderate tenderness noted over the cervical paraspinal musculature extending to both trapezius muscles with spasm the injured worker had positive bilaterally axial head compressions. The CA MTUS guidelines recommend it as an option for treatment of radicular pain with certain criteria. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. The injured worker underwent an EMG that did not confirm the diagnosis of radiculitis in the lower extremities. There was a lack of documentation of significant findings of radiculopathy upon physical exam. Additionally, it is unclear that there has been an exhaustion of conservative care. Lastly, the guidelines recommend this procedure be done under fluoroscopy and the request does not contain this recommendation. Therefore, the request for bilateral C4-C5 and C5-C6 transfacet epidural steroid injections times 2 is not medically necessary.

(EMS) ELECTRICAL MUSCLES STIMULATOR UNIT, 30 DAY TRAIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES DEVICES), Page(s): 121.

Decision rationale: The injured worker had decreased lordosis moderate tenderness noted over the cervical paraspinal musculature extending to both trapezius muscles with spasm the injured worker had positive bilaterally axial head compressions. The CA MTUS guidelines note neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. It did not appear the NMES would be used as part of a rehabilitation program following a stroke. Additionally, the guidelines do not recommend the use of NMES. Therefore the request for Electrical muscle stimulator is not medically necessary.