

Case Number:	CM14-0008073		
Date Assigned:	02/12/2014	Date of Injury:	05/07/2012
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 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:

Patient is a 56-year-old female who has submitted a claim for cervical disc protrusion with right upper extremity radiculitis, posttraumatic headaches, sleep disorder, thoracolumbar sprain/strain with radiculitis, cervical sprain/strain, right shoulder tendinosis, and diabetic neuropathy associated with an industrial injury date of May 7, 2012. Medical records from 2013 were reviewed. Patient complained of constant pain at the neck, right shoulder and mid back area, rated 6 to 8/10 in severity. It was described as dull, aching, and burning, associated with numbness and weakness. Physical examination of the cervical spine revealed tenderness, positive axial compression test, positive cervical distraction test and decreased range of motion. Shoulder depression test was positive. Tenderness was likewise present at the right shoulder and paralumbar muscles. Impingement test was positive at the right shoulder. Range of motion was restricted on both the lumbar spine and right shoulder joint. Straight leg raise test was positive bilaterally. Sensation was diminished at bilateral L5 dermatomes. EMG/NCV, dated 8/11/13 showed electrical evidence of mild diabetic peripheral neuropathy at the right upper extremity. MRI of the cervical spine, dated 7/10/12, showed multi-level disc desiccation and disc protrusion with moderate to severe neural foramina stenosis at C5-C6 and C6-C7. Treatment to date has included chiropractic care, 12 sessions of physical therapy, 12 sessions of acupuncture care, home exercise program, and medications. Utilization review from January 9, 2014 modified the requests for left C5-C6 transfacet epidural steroid injection qty: 2.00, right C5-C6 transfacet epidural steroid injection qty: 2.00, left C6-C7 transfacet epidural steroid injection qty: 2.00, and right C6-C7 transfacet epidural steroid injection qty: 2.00 into quantity 1 because of no support for any series of injections. The request for electronic muscle stimulator was denied because it is not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C5-C6 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient complained of persistent pain at the neck radiating to bilateral upper extremities despite physical therapy and intake of medications. Physical examination of the cervical spine revealed tenderness, positive axial compression test, positive cervical distraction test, and decreased range of motion. Clinical manifestations are corroborated by MRI findings of disc protrusion with moderate to severe neural foramina stenosis at C5-C6 and C6-C7 levels. Epidural steroid injection is a reasonable treatment option at this time. However, progress report from 1/29/14 cited that patient had noted significant improvement with acupuncture care, and decided to forego cervical epidural injection at this time. There is no exhaustion of conservative management to date. Therefore, the request for LEFT C5-C6 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00 is not medically necessary.

RIGHT C5-C6 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient complained of persistent pain at the neck radiating to bilateral upper extremities despite physical therapy and intake of medications. Physical examination of the cervical spine revealed tenderness, positive axial compression test, positive cervical distraction test, and decreased range of motion. Clinical manifestations are corroborated by MRI findings of disc protrusion with moderate to severe neural foramina stenosis at C5-C6 and C6-C7 levels. Epidural steroid injection is a reasonable treatment option at this time. However, progress report from 1/29/14 cited that patient had noted significant improvement with acupuncture care, and decided to forego cervical epidural injection at this time. There is no exhaustion of conservative

management to date. Therefore, the request for RIGHT C5-C6 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00 is not medically necessary.

LEFT C6-C7 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient complained of persistent pain at the neck radiating to bilateral upper extremities despite physical therapy and intake of medications. Physical examination of the cervical spine revealed tenderness, positive axial compression test, positive cervical distraction test, and decreased range of motion. Clinical manifestations are corroborated by MRI findings of disc protrusion with moderate to severe neural foramina stenosis at C5-C6 and C6-C7 levels. Epidural steroid injection is a reasonable treatment option at this time. However, progress report from 1/29/14 cited that patient had noted significant improvement with acupuncture care, and decided to forego cervical epidural injection at this time. There is no exhaustion of conservative management to date. Therefore, the request for LEFT C6-C7 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00 is not medically necessary.

RIGHT C6-C7 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient complained of persistent pain at the neck radiating to bilateral upper extremities despite physical therapy and intake of medications. Physical examination of the cervical spine revealed tenderness, positive axial compression test, positive cervical distraction test, and decreased range of motion. Clinical manifestations are corroborated by MRI findings of disc protrusion with moderate to severe neural foramina stenosis at C5-C6 and C6-C7 levels. Epidural steroid injection is a reasonable treatment option at this time. However, progress report from 1/29/14 cited that patient had noted significant improvement with acupuncture care, and decided to forego cervical epidural injection at this time. There is no exhaustion of conservative

management to date. Therefore, the request for RIGHT C6-C7 TRANSFACET EPIDURAL STEROID INJECTION QTY: 1.00 is not medically necessary.

ELECTRONIC MUSCLE STIMULATOR (EMS) 30 DAY TRIAL RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy and NMES Page(s): 114-121.

Decision rationale: As stated on page 114 of the CA MTUS Chronic Pain Medical Treatment Guidelines, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, patient presented with chronic neck, right shoulder, and mid-back pain with radicular symptoms despite physical therapy, chiropractic care, and intake of medications. The rationale provided is that the electronic muscle stimulator unit has been proven to exercise the muscles fast, efficiently and effectively through a series of contraction and relaxation phases. However, there is no discussion concerning a concurrent exercise program, which is a necessary adjunct with the use of this modality. Moreover, patient is in chronic phase of her condition; ES unit has no proven benefit beyond the acute phase of treatment. Therefore, the request for electronic muscle stimulator (EMS) 30 day trial rental is not medically necessary.