

Case Number:	CM14-0101471		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2005
Decision Date:	09/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old male with a 8/25/05 date of injury. At the time (6/10/14) of the Decision for C7-T1 cervical translaminar epidural steroid injection QTY:1 and transcutaneous electrical nerve stimulation (TENS) unit with supplies QTY:1, there is documentation of subjective (neck pain with numbness and tingling in the hands and fingers) and objective (restricted lumbar range of motion and left SI tenderness) findings, imaging findings (MRI cervical spine (10/24/13) report revealed normal thecal sac and neural foramina at C7-T1), current diagnoses (bilateral carpal tunnel syndrome), and treatment to date (medications and physical therapy). Regarding C7-T1 cervical translaminar epidural steroid injection QTY: 1, there is no documentation of objective radicular findings in each of the requested nerve root distributions and imaging findings at each of the requested levels. Regarding TENS unit with supplies QTY:1, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 cervical translaminar epidural steroid injection quantity (QTY):1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, computed tomography (CT), myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of a diagnosis of bilateral carpal tunnel syndrome. In addition, there is documentation of subjective (pain, numbness, and tingling) radicular findings in each of the requested nerve root distributions and failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, given documentation of imaging findings (MRI cervical spine identifying normal thecal sac and neural foramina at C7-T1), there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for C7-T1 cervical translaminar epidural steroid injection QTY:1 is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS)unit with supplies QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical

necessity of continued TENS unit. Within the medical information available for review, there is documentation of a diagnosis of bilateral carpal tunnel syndrome. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for TENS unit with supplies QTY:1 is not medically necessary.