

Case Number:	CM14-0107425		
Date Assigned:	08/01/2014	Date of Injury:	09/14/2011
Decision Date:	10/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 injured worker is a 32 year old female who sustained an injury to her neck on 09/14/11 due to cumulative trauma while performing her usual and customary duties. Magnetic resonance image of the cervical spine dated 02/06/14 revealed a disc herniation at the C5-6 level; electromyogram/nerve conduction study of the bilateral upper extremities dated 06/26/12 revealed C5-6 chronic bilateral radiculopathy. The clinical note dated 06/17/14 reported that the injured worker continued to complain of ongoing posterior cervical pain with radiation into the bilateral shoulders, suboccipital, and intrascapular areas without any radicular arm pain/numbness. Physical examination noted cervical spine numbness over the anterior shin, sensation intact and decreased strength with right greater than left grip. The injured worker was recommended for cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet joint Block C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & Upper Back (2010)<http://www.odg-twc.com/odgtwc/neck.htm#Facetjointinjections>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper backchapter, Facet joint diagnostic blocks

Decision rationale: The guidelines do not support facet blocks if a previous fusion has been performed at the planned level of injection. The Official Disability Guidelines state that diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. Given this, the request for cervical facet joint blocks at C5-6 is not indicated as medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The injured worker continues to have chronic persistent pain. Therefore, the request was partially certified for a 30-day trial of transcutaneous electrical nerve stimulation (TENS). There was no information provided that would indicate the injured worker's response to the trial with TENS, including documentation of decreased medication usage, increased activities of daily living, and overall significant functional benefit. The California Medical Treatment Utilization Schedule states that while TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters which are most likely to provide ultimate pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for a TENS unit is not indicated as medically necessary.