

Case Number:	CM14-0175377		
Date Assigned:	10/28/2014	Date of Injury:	05/01/2000
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 50-year-old female with a date of injury of 05/01/2000. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy. 2. Cervical spondylosis. According to progress report 09/25/2014, the patient presents with neck and shoulder pain. The treater states that the patient had an MRI performed years ago and received cervical steroid injection done approximately 2001 in Fremont, which provided her mild relief. Treater's review of patient's treatment history included a MRI of the cervical spine from 06/07/2000 which revealed moderate diffuse protrusion at C5 to C6 and moderate focal herniation posterolaterally to the right C6 to C7. Examination of the cervical spine revealed limited range of motion. On examination of the paravertebral muscles, there was tenderness and trigger point noted on the right side. Spurling's maneuver causes pain in the muscles of the neck radiating to the right upper extremity. The treater is requesting a cervical epidural injection at C7 to T1 and TENS unit 1-month home trial. Utilization review denied the request on 10/16/2014. There are 2 treatment reports provided for review; one from [REDACTED] from 09/04/2014 and from [REDACTED] from 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: This patient presents with neck pain with associated pain down the right arm. The physician is requesting a TENS unit. Utilization review denied the request stating the criteria for use of TENS was not met as the physician has not outlined the short term and long term goals for treatment with the TENS unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the physician is requesting a TENS unit, but does not document a successful home one-month trial. Therefore, TENS unit is not medically necessary.

One (1) cervical epidural injection for C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with neck pain with associated pain down the right arm. The physician is requesting 1 cervical epidural injection to C7 to T1. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." For repeat injection during therapeutic phase, Recommended documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. In this case, the patient presents with some radiating symptoms, with the MRI from 2010 showing moderate protrusions/herniation at multiple levels. However, the physician states that the patient trialed a C-ESI in 2011 with mild relief." There was no documentation of functional improvement, 50% or more pain relief, and medication reduction to consider a repeat injection. Furthermore, the MTUS states "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Therefore, One (1) cervical epidural injection for C7-T1 is not medically necessary.