

Case Number:	CM14-0062855		
Date Assigned:	07/11/2014	Date of Injury:	03/20/2010
Decision Date:	08/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 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:

The patient is a 54-year-old with an injury date on March 20, 2014. Patient complains of neck pain with radicular symptoms to bilateral upper extremities worse on the right side per March 27, 2014 report. Patient had an cervical epidural steroid injection at levels C4-C5, C5-C6, and C6-C7 on February 10, 2014 with 50% improvement which lasted for a week per March 27, 2014 report. Based on the March 27, 2014 progress report provided by [REDACTED] the diagnoses are neck pain secondary to cervical spine degenerative disc disease at the level of C3-C4, C4-C5, C6-C7 and C7-T1 level with bilateral neuroforaminal stenosis at the level of C5-C6 and C6-C7 more prominent on right C5-C6 left severe foraminal stenosis, cervical spine spondylosis at the level of C7-T1, cervical spinal canal stenosis at the level of C5-C6 and C6-C7, and cervical paraspinal muscle and upper trapezius muscle ICD-9 spasm. Exam on March 27, 2014 showed tenderness to palpation on posterior paracervical muscles. Spurling test is positive on right side. Axial loading positive cervical spine. [REDACTED] is requesting combo-STIM electrotherapy, motorized cold therapy unit for purchase only, and two cervical epidural steroid injections (at levels C3-C4, C4-C5, C5-C6 and C6-C7). The utilization review determination being challenged is dated April 18, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from November 4, 2013 to June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combo-STIM electrotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with neck pain, and bilateral upper extremity pain. The treater has asked for combo-STIM electrotherapy on March 27, 2014. Combo-Stimulator is a combination of interferential and muscle stimulator. The Chronic Pain Medical Treatment Guidelines, does not support the use of NMES or neuromuscular electrical stimulation other than for rehabilitation of stroke patients. The request for Combo-STIM electrotherapy is not medically necessary or appropriate.

Motorized cold therapy unit for purchase only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/200_299/0297.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG shoulder chapter Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osbarh, 2002) (Singh, 2001) See the Knee Chapter for more information and references.

Decision rationale: This patient presents with neck pain and bilateral upper extremity pain. The treater has asked for motorized cold therapy unit for purchase only on March 27, 2014. Regarding cryotherapy, ODG allows for short-term post-operative use for seven days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the requested purchase of a motorized cold therapy unit cannot be recommended, as ODG only allows a short-term postoperative use. In addition, the guidelines state that a complicated, motorized cold therapy unit holds no benefit over conventional ice packs. The request for a motorized cold therapy unit for purchase only is not medically necessary or appropriate.

Two cervical epidural steroid injections (at levels C3-C4, C4-C5, C5-C6, C6-C7): 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 "Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: This patient presents with neck pain and bilateral upper extremity pain. The treater has asked for two cervical epidural steroid injection (at levels C3-C4, C4-C5, C5-C6 and C6-C7) on March 27, 2014. Review of the March 27, 2014 report states the patient is not responding to conservative treatments of medications and therapies and requires narcotic medications. An MRI on December 16, 2013 showed C5-C6 disc protrusion. Regarding epidural steroid injections, the Chronic Pain Medical Treatment Guidelines recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than two ESI (epidural steroid injections), in conjunction with other rehab efforts, including continuing a home exercise program. In this case, patient does present with significant leg symptoms, an MRI showing herniation, but no corresponding exam findings. Furthermore, the request is for three level injections and the Chronic Pain Medical Treatment Guidelines only recommends 2 levels. Lastly, MTUS recommends two injections in most cases and the patient has had two injections in the recent past. The request for two cervical epidural steroid injections (at levels C3-C4, C4-C5, C5-C6, C6-C7) is not medically necessary or appropriate.