MAXIMUS Federal Services

Case Number:	CM15-0004854		
Date Assigned:	01/16/2015	Date of Injury:	03/30/2012
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old woman sustained an industrial injury on 3/30/2012 due to cumulative trauma. The injured worker has been diagnosed of cervical disc disease, cervical radiculopathy, cervical facet syndrome and status post carpal tunnel syndrome. Treatment has included oral medications, physical therapy, chiropractic therapy, rest, home excercise program, and surgical interventions for the knee, but none for the neck, except acupuncture and home traction. Physician notes from pain management dated 11/19/2014 show complaints of neck pain with radiation, numbness, and tingling down the spine to mid back that is rated 8/10. Recommendations include bilateral C5-C6 and C6-C7 transfacet epidural steroid injections X2 due to neuroforaminal stenosis and nerve root compression on MRI, possible C5 through C7 medial branch blocks pending the worker's results of the currently requested injections, continue current medication regimen, and interferential unit for a 30 day trial. On 12/10/2014, Utilization Review evaluated prescriptions for bilateral C5-C6 and C6-C7 transfacet epidural steroid injections X2 and a 30 day trial of an interferential current stimulation unit to use on the neck and right wrist that was submitted on 1/2/2015. The UR physician noted that there is no documentation of conservative physical medicine modalities utilized for the cervical complaints. Further, interferential current stimulation unit is not recommended as an isolated intervention. The MTUS, ACOEM (or ODG) Guidelines was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 and C6-7 Transfacet Epidural Steroid Injection x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

Decision rationale: The injured worker sustained a work related injury on 3/30/2012. The medical records provided indicate the diagnosis of cervical disc disease, cervical radiculopathy, cervical facet syndrome and status post carpal tunnel syndrome. Treatment has included oral medications, physical therapy, chiropractic therapy, rest, home exercise program, and surgical interventions, for the knee, but none for the neck, except cervical traction at home and acupuncture. The medical records provided for review do not indicate a medical necessity for Bilateral C5-C6 and C6-7 Transfacet Epidural Steroid Injection x2. Epidural injection is indicated as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathys that has failed conservative treatment with NSAIDs, physical therapy and chiropractic care. The recommendation suggests a second epidural injection if partial success is produced with the first injection. Therefore, the requested treatment is not medically necessary and appropriate because there is no documentation of failed conservative treatment with NSAIDs, muscle relaxants, exercise, and physical therapy. Also, the request if for two injections instead of giving one injection then repeat if there is favorable outcome.

IF Unit 30 day trial for the neck and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The injured worker sustained a work related injury on 3/30/2012. The medical records provided indicate the diagnosis of cervical disc disease, cervical radiculopathy, cervical facet syndrome and status post carpal tunnel syndrome. Treatment has included oral medications, physical therapy, chiropractic therapy, rest, home excercise program, and surgical interventions, for the knee, but none for the neck, except cervical traction at home. The medical records provided for review do not indicate a medical necessity for IF Unit 30 day trial for the neck and right wrist. The MTUS recommends against the use of Interferential Current Stimulation (ICS) as an isolated program because, there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. The indications include: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits

the ability to performexercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).Therefore, the requested treatment is not medically necessary and appropriate.