

Case Number:	CM15-0108414		
Date Assigned:	07/21/2015	Date of Injury:	07/21/2014
Decision Date:	08/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 07/21/2014 when she slipped on a wet floor. The injured worker also reports a medical history of acid reflux. The injured worker was diagnosed with cervical disc disease, cervical facet syndrome, cervical radiculopathy, left carpal tunnel syndrome and De Quervain's tenosynovitis, lumbar disc disease, lumbar facet syndrome and left sacroiliac (SI) joint sprain/strain. Treatment to date has included diagnostic testing with X-rays, magnetic resonance imaging (MRI), Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies, conservative measures, chiropractic therapy, acupuncture therapy, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker continues to experience neck stiffness radiating to the left shoulder with numbness and tingling to the left arm and sharp aches to the head. The injured worker rates this at 8/10. The injured worker also reports left lower back pain radiating down the left leg into the foot with pins and needles sensation. The injured worker rates her lower back pain level at 9/10. Examination demonstrated an antalgic gait to the left with heel/toe walk exacerbated to the left. The cervical spine revealed decreased lordosis with tenderness over the paraspinal muscles radiating to the left trapezius with spasm. Axial head compression and Spurling's test were positive on the left with facet tenderness from C4 to C7. Range of motion noted flexion at 20 degrees, extension at 50 degrees; left lateral flexion at 20 degrees and bilateral rotation at 60 degrees and right lateral flexion within normal limits. Range of motion and special testing of the bilateral shoulders, upper extremities, elbows and wrists were within normal limits except for positive Tinel's and Finkelstein's signs of the left wrist. There was decreased sensation along the C5 and C6

dermatomes and decreased motor strength of 4/5 on the left at the shoulder abductors and elbow flexors. Left biceps and brachioradialis reflexes were 1+. Right motor strength and deep tendon reflexes were intact along with the left triceps reflex. The lumbar spine examination demonstrated diffuse tenderness over the paraspinal musculature with moderate facet tenderness at L5 to S1. Piriformis tenderness and Stress tests were negative bilaterally. Sacroiliac tenderness, sacroiliac thrust, Yeoman's and Fabere's were positive on the left. Kemp's and Farfan's tests were positive bilaterally with seated and supine straight leg raise positive on the left causing back pain. Lumbar range of motion was decreased by 10 degrees on flexion, extension and bilateral lateral bending. Sensation was intact. The lower extremities, knees and ankles revealed no deficits with testing, range of motion and reflexes. Current medications are listed as Vicodin and Protonix. Treatment plan consists of bilateral L3-L5 medial branch blocks, home cervical traction unit and the current request for left C4-C5 and left C5-C6 transfacet epidural steroid injection and a home Interferential Stimulator (IF) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left C4-C5 and left C5-C6 transfacet epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of neck pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates

dermatomal radiculopathy on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.

1 Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential therapy Page(s): 118-119.

Decision rationale: The California medical treatment guidelines section on ICS therapy states: Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks. The studies suggested that their main limitation was the heterogeneity of the low back pain subjects, with the interventions performing much better for back pain due to previous multiple vertebral osteoporotic fractures, and further studies are necessary to determine effectiveness in low back pain from other causes. (Zambito, 2006) (Zambito, 2007) A recent industry-sponsored study in the Knee Chapter concluded that interferential current therapy plus patterned muscle stimulation (using the RS-4i Stimulator) has the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. (Burch, 2008) This recent RCT found that either electroacupuncture or interferential electrotherapy, in combination with shoulder exercises, is equally effective in treating frozen shoulder patients. It should be noted that this study only showed the combined treatment effects with exercise as compared to no treatment, so the entire positive effect could have been due to the use of exercise alone. (Cheing, 2008) See also Sympathetic therapy. See also TENS, chronic pain. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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 perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The criteria as set forth above per the California MTUS have not been met in the provided clinical documentation for review. In addition, ICS is only initially approved for a one-month trial period. Therefore, the request is not medically necessary.