

Case Number:	CM15-0136629		
Date Assigned:	07/27/2015	Date of Injury:	04/06/2011
Decision Date:	08/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Emergency 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:

The injured worker is a 71 year old male, who sustained an industrial injury on April 6, 2011, incurring right hand, upper and lower back injuries. A cervical Magnetic Resonance Imaging revealed disc protrusion and facet arthropathy with bilateral foraminal narrowing. A lumbar Magnetic Resonance Imaging showed disc protrusion, facet arthropathy and bilateral foraminal stenosis. He was diagnosed with tendon damage of the right hand, lumbar disc disease, cervical disc disease with spinal canal stenosis and radiculopathy. Electromyography studies revealed lumbar nerve root irritation and injury. Treatment included physical therapy, epidural steroid injection, pain medications, anti-inflammatory drugs, muscle relaxants, neuropathic medications, proton pump inhibitor, topical analgesic cream, and activity modifications. He underwent right hand surgery in September, 2011. Currently, the injured worker complained of persistent lower back pain and neck pain radiating into the shoulders, arms and hands with numbness and tingling. The treatment plan that was requested for authorization included a lumbar epidural steroid injection, cervical epidural steroid injection, and the purchase of a motorized cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5, C5-C6, C6-C7 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Injecting more than 3 levels are not recommended as per guidelines. Cervical Epidural Steroid injection is not medically necessary.

Motorized cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 back, Continuous-Flow Cryotherapy.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, continuous flow cryotherapy is only recommended for post-operative period for shoulder surgery. It only recommends it up to 7 days post-operatively. The neck and back is not recommended. There is no rationale for why patient requires a purchase of this device and cannot use a simple ice pack. "Motorized cold therapy unit for purchase" is not medically necessary.

Lumbar Epidural Steroid Injection: 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 (ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Patient actually meets criteria to recommend epidural steroid injection of lumbar spine with noted failed conservative care, desire to avoid surgery and radiculopathy. However, provider has failed to provide number of levels and levels to be injected. This is an incomplete request and cannot be approved to due missing critical information. "Lumbar epidural steroid injection" is not medically necessary.