

Case Number:	CM15-0149582		
Date Assigned:	08/12/2015	Date of Injury:	06/25/2013
Decision Date:	09/14/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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, New York, California
 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 25, 2013. In a Utilization Review report dated July 5, 2015, the claims administrator failed to approve a request for cervical epidural steroid injection and a percutaneous nerve stimulator. The claims administrator referenced an April 29, 2015 progress note and a June 26, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On an RFA form of June 26, 2015, a three-month weight loss program was suggested. In an associated progress note of June 24, 2015, the applicant reported ongoing complaints of neck and arm pain, headaches, and low back pain radiating to the right thigh. The applicant was status post sacroiliac joint injections, it was reported. A cervical epidural steroid injection, a third sacroiliac joint block an H-wave stimulator device, a lumbar support, and a percutaneous nerve stimulator were sought while Norco, Prilosec and a topical compounded medication were prescribed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On June 15, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was not working, it was reported. The applicant was on Norco and was represented, the treating provider reported. The applicant was asked to pursue cervical MRI imaging on this date. Cervical MRI imaging dated January 22, 2015 was notable for minimal degenerative changes at C4-C5, C5-C6 and C6-C7 without any significant disc protrusion or spinal stenosis present.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI at C7-T1 w/cath C5-C7 under fluoroscopy guidance: Upheld

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

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

Decision rationale: No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Here, however, earlier cervical MRI imaging of January 22, 2015 was essentially negative. No significant disc protrusion or spinal stenosis was appreciated. Earlier cervical MRI imaging of January 22, 2015 was notable only for multilevel degenerative changes of uncertain clinical significance. It did not appear, thus, that the applicant had a radiographically- or electrodiagnostically-confirmed cervical radiculopathy for which a cervical epidural steroid injection would have been indicated. Therefore, the request was not medically necessary.

Percutaneous Neurostimulator once a week for four weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Stimulation Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: Similarly, the request for percutaneous nerve stimulation once a week for four weeks was likewise not medically necessary, medically appropriate, or indicated here. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that percutaneous electrical nerve stimulation (PENS) may be considered if used as an adjunct to a program of evidence-based functional restoration after other nonsurgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. Here, however, there is no mention of the applicant is having tried and/or failed conventional TENS unit on the date of the request, June 24, 2015. The applicant was, furthermore, off of work, on total temporary disability, it was acknowledged on June 15, 2015. The applicant had not worked in some time; it was reported on that date. It did not appear, thus, that the applicant was intent on employing the proposed percutaneous nerve stimulator device in conjunction with a program of evidence-based functional restoration. Therefore, the request was not medically necessary.