

Case Number:	CM15-0037607		
Date Assigned:	03/06/2015	Date of Injury:	04/12/2002
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 04/12/2002. He has reported subsequent neck, wrist, elbow, head and ankle pain and was diagnosed with cervical spondylosis, cervical disc displacement, carpal tunnel syndrome, migraines and lateral epicondylitis. Treatment to date has included oral and topical pain medication and cervical epidural injections. In a progress note dated 12/01/2014, the injured worker complained of neck pain radiating to the arm and a moderate headache that was rated as 5.5/10. Objective findings were notable for restricted range of motion of the cervical spine, tenderness at the paracervical muscles, rhomboids and trapezius and weakness of the right upper extremity in all major muscle groups. The physician noted that repeat cervical epidural steroid injection and spinal Q were being requested to reduce cervical symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection x3 C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC;

Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 11/18/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection times three C7- T-1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; cervical disc displacement without myelopathy; cervical disc degeneration; carpal tunnel syndrome; anxiety; depression; insomnia; chronic pain syndrome; migraine; post laminectomy syndrome cervical region; lateral epicondylitis; Achilles tendinitis; myalgia and myositis; and encounter for long-term use of other medications. The injured worker has three prior epidural steroid injections ranging from August 2011 to March 2012. The treating physician does not provide prior epidural steroid injection levels. There is no documentation of the percentage relief or duration of relief. The guidelines indicate repeat blocks should be based on continued objective pain and functional improvement including at least 50% pain relief with an associated reduction of medications for 6 to 8 weeks. There is no documentation of objective functional improvement and there is no documentation of the reduction of medications. Consequently, absent clinical documentation with documentation of prior epidural steroid injections with at least a 50% in addition to the duration pain relief and ESI levels, epidural steroid injection times three C7- T-1 is not medically necessary.

Spinal Q L0456 Date of Delivery 12/01/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar support.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Spinal Q L0456 date of delivery December 1, 2014 is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar

supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; cervical disc displacement without myelopathy; cervical disc degeneration; carpal tunnel syndrome; anxiety; depression; insomnia; chronic pain syndrome; migraine; post laminectomy syndrome cervical region; lateral epicondylitis; Achilles tendinitis; myalgia and myositis; and encounter for long-term use of other medications. A Spinal Q is a vest (DME) that wraps around the chest. It does not affect or immobilize the cervical spine. It is designed to improve posture in the upper and lower back. Additionally, lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Also, lumbar supports are not recommended for prevention. Consequently, absent compelling clinical documentation to support the use of a spinal Q, spinal Q L0456 date of delivery December 1, 2014 is not medically necessary.