

Case Number:	CM15-0048193		
Date Assigned:	03/20/2015	Date of Injury:	03/01/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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: Physical Medicine & Rehabilitation

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 65-year-old woman sustained an industrial injury on 3/1/2011. The mechanism of injury is not detailed. Evaluations include a cervical spine MRI. Diagnoses include chronic bilateral neck pain with cervical radiculitis with temporary improvement following rhizotomies. Treatment has included oral medications, cervical median branch blocks, C5-C6 rhizotomies, and cervical facet injections. Physician notes dated 12/12/2014 show complaints of constant bilateral neck pain with radiation to the upper back. Recommendations include epidural steroid injection at C6-C7 and continue the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection C6-7: 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 ESI Page(s): 46-47.

Decision rationale: Per the 12/12/14 report by [REDACTED] the patient presents with constant bilateral neck pain greater on the left than right with radiation to the trapezius and interscapular upper back greater to the right. There is diffuse numbness and tingling involving both upper extremities through the fingers. She is s/p cervical RFA 01/16/13 Left C3 through C6 and RFA 06/05/14 Left C5-6. The patient's diagnoses include chronic bilateral neck pain with Cervical radiculitis. The current request is for Epidural Steroid Injection C6-7. The RFA is not included; however, the 03/03/15 utilization review states it is dated 12/18/14. Per the 01/20/15, AME the patient is temporarily partially disabled. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. Criteria for use include, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Examination of the Cervical/Thoracic spine on 12/12/14 reveals limited range of motion and positive Spurling's maneuver bilaterally for posterior neck pain at the thoracic junction. There is decreased sensation to pinprick over the volar aspect of the right index and little fingers. An MRI of 04/06/14 is cited showing congenital narrowing of the spinal canal with possible cord compression at C4-5 and greater at C5-6 with foraminal narrowing at C5-6. A 09/30/14 radiograph is cited showing significant degenerative changes at C5-6. [REDACTED] states this request is for therapeutic/diagnostic injections to provide symptomatic benefit as well as to further define the source of her symptoms. The treating physician further states the patient's clinical presentation is consistent with nerve root irritation cervical and possible bilateral upper extremity superimposed upon underlying degenerative changes. The treater also states, "Interestingly, the patient has experienced significant symptomatic improvement in response to rhizotomies in the past." It is noted this benefit was temporary. There is no evidence of a prior ESI cervical for this patient. In this case, the patient does present with symptoms of radiculopathy documented by physical examination. However, the cited imaging study shows stenosis/narrowing at C5-6 and the requested injection is at C6-7. Radiculopathy at C6-7 has not been corroborated by Imaging and no evidence is provided of electrodiagnostic studies. MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, the request IS NOT medically necessary.

Home traction machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

Decision rationale: Per the 12/12/14 report by [REDACTED] the patient presents with constant bilateral neck pain greater on the left than right with radiation to the trapezius and interscapular upper back greater to the right. She is s/p cervical RFA 01/16/13 Left C3 through C6 and RFA 06/05/14 Left C5-6. The patient's diagnoses include: Chronic bilateral neck pain with Cervical

radiculitis. The current request is for Home Traction Machine. The RFA is not included; however, the 03/03/15 utilization review states it is dated 12/18/14. Per the 01/20/15 AME, the patient is temporarily partially disabled. MTUS is silent on home traction devices. ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely." Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004)"The requesting physician is and, other than AME ██████s, the sole report provided is from ██████. The reports provided for review do not discuss this request. The MTUS and ACOEM guidelines provide no support for the request. ODG does recommend some patient controlled traction devices in conjunction with a home exercise program. There is no documentation of a home exercise program in the reports provided and the request does not state the type of traction device requested. In this case, the request IS NOT medically necessary.