

Case Number:	CM13-0062832		
Date Assigned:	01/24/2014	Date of Injury:	12/07/2011
Decision Date:	05/19/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female who reported an injury on 12/07/2011. The mechanism of injury was cumulative trauma. The documentation of 10/18/2012 revealed the injured worker had an epidural steroid injection on 10/04/2012 and again on 10/18/2012 at C5-6. The documentation of 10/23/2013 revealed the injured worker had a cervical epidural steroid injection on 09/10/2013. The injured worker reported 90% improvement of her symptoms. The injured worker had pain in the neck of 3/10 to 4/10. The injured worker had a positive Spurling's sign. The injured worker had a diagnosis of cervical disc herniation and cervical radiculopathy. The plan included a second cervical epidural steroid injection and an MRI of the lumbar spine, as well as ThermaCare patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (CESI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Epidural steroid injections (ESIs), therapeutic.

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend for repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review indicated the injured worker had 90% pain relief. However, there was lack of documentation of objective functional improvement and associated medication reduction for 6 to 8 weeks. The request as submitted failed to indicate the laterality, as well as the level for the requested procedure. Given the above, the request for cervical epidural steroid injection is not medically necessary.

THERMACARE PATCHES: 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): 298.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend topical salicylate. ACOEM Guidelines recommend the use of local applications of cold in the first few days of an acute complaint; thereafter, applications of heat or cold per patient preference. However, there is lack of documentation indicating necessity for ThermaCare patches verses a heat pack at home. The request as submitted failed to indicate the quantity of patches being requested, as well as the frequency for the patches. There was inability to establish the duration for the use of the ThermaCare patches per the submitted documentation. Given the above, the request for ThermaCare patches is not medically necessary.