

Case Number:	CM14-0217969		
Date Assigned:	01/07/2015	Date of Injury:	09/06/2012
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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 is a 57 year old female who suffered an industrial related injury on 9/6/12. A physician's report dated 9/8/14 noted a MRI revealed central disc herniation with impingement on the thecal sac at C5-6. The physician recommended a cervical epidural. A physician's report dated 10/29/14 noted the injured worker stated the only thing that provided pain relief in the low back was a TENS unit which was broken. A physician's report dated 11/20/14 noted an epidural injection at C5-6 and chiropractic treatment for the neck was recommended. On 12/12/14 the utilization review (UR) physician denied the requests for a cervical epidural injection at C5-6 and a TENS unit with supplies. The request for 6 sessions of chiropractic care was modified. Regarding the epidural injection, the UR physician stated the Medical Treatment Utilization Schedule (MTUS) guidelines noted radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Guideline criteria have not been met. No recent objective findings were noted. No evidence of a recent reasonable or comprehensive non-operative treatment protocol trial and failure was submitted. Therefore the request was denied. Regarding chiropractic care, the UR physician noted a trial of chiropractic care would be indicated. A modified number is indicated to allow for demonstration of functional improvement and/or decreased in pain. Therefore the request was modified. Regarding the TENS unit and supplies, the UR physician noted the MTUS guideline criteria had not been met. The device has not been proven in medical literature to be an effective treatment. There was no evidence of any extenuating circumstances in this injured worker's specific case. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C5-6: 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 [ESIs] Page(s): 46-47.

Decision rationale: The patient is a 57 year-old female with a 9/06/2012 date of injury. According to the 11/20/14 orthopedic report, the patient presents with neck stiffness, limited left rotation, and arm pain. The plan was for C5/6 epidural injection, chiropractic care x12 for the neck. There is another PR-2 form with blank subjective, objective findings, diagnoses, and it requests an "RS4 TENS unit with supplies and chiropractor x 6 visits", there was no date on the PR-2. On 10/29/14, there is a note stating that the only thing that provided relief of low back pain was a TENS unit, the RS4 stimulator which is now broken. The physician requests a new unit as the original was provided under Worker's Comp. He requests chiropractic for the cervical spine. The 10/02/14 report requests a cervical epidural, and notes the patient will probably need an artificial disc at C5/6, or a fusion. She was reported to have intermittent pain and numbness in the right arm. The last report available is dated 9/8/14, and states an MRI shows central disc herniation with impingement on the thecal sac at C5/6. The physician states he would try an epidural injection and if it doesn't work, then she would be a candidate for a fusion or artificial disc. The date of the MRI was not provided. There are no MRI reports or electrodiagnostic reports provided for review. The orthopedic reports from 9/8/14 through 11/20/14 do not contain a physical examination, subjective complaints or diagnoses. On 12/12/2014 utilization review: 1:denied a C5-6 epidural injection because there were no objective findings for radiculopathy; 2: modified a request for chiropractic care x6 sessions to allow 3 sessions, rationale for modification was not provided; 3: denied a TENS unit and supplies because the reviewer believes it is not recommended by the MTUS guidelines and there was "no evidence of any extenuating circumstances" MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections [ESIs]" page 46 states these are "Recommended as an option for treatment of radicular pain [defined as pain in dermatomal distribution with corroborative findings of radiculopathy]." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."The available medical reports did not contain objective examination findings, and there were no MRI or electrodiagnostic reports provided for review to suggest radiculopathy. A specific radicular pattern in a dermatomal distribution was not identified. The MTUS criteria for a cervical epidural steroid injection has not been met. The request for Cervical Epidural injection at C5/6 IS NOT medically necessary.

Chiropractic care; 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): (s) 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient is a 57 year-old female with a 9/06/2012 date of injury. According to the 11/20/14 orthopedic report, the patient presents with neck stiffness, limited left rotation , and arm pain. The plan was for C5/6 epidural injection, chiropractic care x12 for the neck. There is another PR-2 form with blank subjective, objective findings, diagnoses, and it requests an "RS4 TENS unit with supplies and chiropractor x 6 visits", there was no date on the PR-2. On 10/29/14, there is a note stating that the only thing that provided relief of low back pain was a TENS unit, the RS4 stimulator which is now broken. The physician requests a new unit as the original was provided under Worker's Comp. He requests chiropractic for the cervical spine. MTUS Chronic Pain Medical Treatment Guidelines, page 58 section on Manual therapy & manipulation for Low back recommends a trial of 6 visits. On the same page, MTUS lists treatment parameters from state guidelines, noting time to produce effect is 4-6 treatments. A trial of chiropractic care x 6 sessions for the cervical spine appears to be in accordance with MTUS guidelines. The request for Chiropractic care, 6 sessions, IS medically necessary.

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): (s) 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-121.

Decision rationale: On 10/29/14, there is a note stating that the only thing that provided relief of low back pain was a TENS unit, the RS4 stimulator which is now broken. The physician requests a new unit as the original was provided under Worker's Comp. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pg114-121, under RS-4i sequential stimulator states to see interferential current stimulation. MTUS guidelines for interferential stimulation states it is not recommended as an isolated intervention, but does provide patient selection criteria if used anyway. The criteria include: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures. The MTUS guidelines state that if the criteria is met then a one-month trial may be appropriate. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pg114-121 states TENS is not recommended as a primary treatment modality, but a trial may be an option if used as an adjunct to a program of evidence-based functional restoration for: neuropathic pain; phantom limb pain and CRPS II; spasticity; or multiple sclerosis. The available reports do not discuss medication efficacy, side effects, substance abuse, inability to perform PT or unresponsiveness to conservative measures such as repositioning, heat/ice, etc. The MTUS criteria for the RS4 stimulator replacement have not been met. The reports did not discuss a functional restoration program, or neuropathic pain, phantom limb, CRPS II, spasticity or multiple sclerosis. The MTUS criteria for either the RS4 stimulator or TENS unit has not been met. The request for TENS unit with supplies IS NOT medically necessary.

