

Case Number:	CM15-0011938		
Date Assigned:	01/29/2015	Date of Injury:	03/24/2005
Decision Date:	03/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on March 24, 2005. She has reported neck pain. The diagnoses have included cervicgia and myofascial pain. Treatment to date has included x-ray, cervical fusion and oral medications. Currently, the IW complains of neck, arm, hip, and leg pain. Treatment includes magnetic resonance imaging (MRI), cord myelomalacia, injection, ice, heat and oral medications with recommendation for injection. On December 23, 2014 utilization review non-certified a request for cervical scar neuroma injection and cervical epidural steroid injection at C7-T1. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical scar neuroma injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Hypertrophic Scars and Keloids Number: 0389

Decision rationale: This patient presents with chronic neck pain with radiation into the bilateral upper extremities. The current request is for a cervical scar neuroma injection. The Utilization review denied the request stating that there are no guidelines or scientific evidence to support cervical scar neuroma injections in the management of cervical neuromas. The ACOEM, MTUS and ODG guidelines do not discuss cervical scar neuroma injections. This patient is status post cervical surgery, the date of surgery is not provided in the medical file. This appears to be a request for an injection to reduce keloid formation after surgery. Injections for hypertrophic scar formation: Aetna Clinical Policy Bulletin: Hypertrophic Scars and Keloids Number: 0389 states that "Aetna considers silicone products (e.g., sheeting, gels, rigid shells) experimental and investigational for the treatment of hypertrophic scars or keloids because there is inadequate evidence from prospective randomized clinical trials in the peer-reviewed published medical literature of the effectiveness of silicone products in alleviating symptoms of hypertrophic scars and keloids. Aetna considers intralesional 5-fluorouracil, cryotherapy or corticosteroids medically necessary for treatment of keloids where medical necessity criteria for keloid removal are met." In this case, given that this patient is status post cervical surgery, an in-office injection to reduce keloid or scar formation is reasonable. This request IS medically necessary.

Cervical epidural steroid injection at C7-T1: 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 ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain with radiation into the bilateral upper extremities. The current request is for a cervical epidural steroid injection at C7-T1. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain, to find this pain in the dermatomal distribution or corroborated findings of radiating symptoms." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement includes 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 year." Review of the medical file indicates that the patient underwent an initial cervical epidural on 10/14/14. On 11/18/14, the treating physician noted a 40% relief in pain and requested a repeat injection. In this case, recommendation for repeat injection cannot be supported as there is no documentation as required by MTUS for repeat injections. There is no documentation of functional improvement, at least 50% pain relief and associated reduction of pain medication use. MTUS further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection to treat radicular cervical spine pain." The requested cervical epidural steroid injection IS NOT medically necessary.

