

Case Number:	CM15-0110454		
Date Assigned:	06/17/2015	Date of Injury:	09/10/2007
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female who sustained an industrial injury on 5/22/15 when she fell off a stool landing on her back. She had immediate pain, was medically evaluated and given medication which made her tired. She was given two weeks off and when she returned to work she had a slip and fall hitting her head against a machine while trying to get back up. She currently complains of constant pain in the cervical and lumbar regions but more significant in the cervical area with weakness and numbness of bilateral arms and upper extremities and swelling in the right shoulder with pain radiating down the right arm, elbow and hand. Her pain level is 5/10. She is not working. Activities of daily living are modified and done with frequent breaks. She has decreased range of motion of cervical and lumbar spine Medications were not specifically identified. Diagnoses include cervical and lumbar spine disc protrusions. Treatments to date include chiropractic treatments which increase her pain; transcutaneous electrical nerve stimulator unit which is helpful; physical therapy. Per physical therapy progress note dated 2/24/15 the MRI (no specific date or location) shows a herniated disc. In the progress note dated 4/10/15 the treating provider's plan of care includes requests for cervical epidural steroid injection; transcutaneous electrical nerve stimulator unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. In this case, there is no clinical and objective documentation of radiculopathy. The MRI of the cervical spine dated February 24, 2015 showed a herniated disc. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injection is not medically necessary.

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of the patient's pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (purchase) is not medically necessary.