

Case Number:	CM15-0116336		
Date Assigned:	06/24/2015	Date of Injury:	04/06/2011
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 71 year old male who sustained an industrial injury on 04/06/2011 while unloading boxes he abruptly moved to the side when a box fell. The injured worker was diagnosed with cervical degenerative disc disease, cervical radiculitis to the right upper extremity, lumbar spine degenerative disc disease, lumbar spine spondylosis, lumbar radiculitis to the bilateral lower extremities and right shoulder internal derangement and tendinosis. The injured worker is status post right shoulder arthroscopy for rotator cuff repair in 2011. There was no documentation of spinal surgery performed. Treatment to date has included diagnostic testing, shoulder surgery, physical therapy, acupuncture therapy, lumbar and cervical epidural steroid injection, lumbar facet intra-articular injections bilaterally, back brace, neck brace, cane and medications. According to the treating physician's progress report on May 5, 2015, the injured worker continues to experience neck and low back pain. The low back pain radiates to the bilateral lower extremities which is worse on the left side. Examination of the cervical spine demonstrated tenderness to touch on the right cervical and midline paraspinal muscles with flexion range of motion at 45/45, extension at 40/45 right and left tilt 40/45 and right and left rotation at 50/60. Spasm of the cervical spine was noted with range of motion. Head compression produces discomfort and Spurling's test was painful on the right. Shoulder elevation and abduction tests were positive with trapezial tenderness. Examination of the lumbar spine noted abnormal heel and toe walk secondary to pain. Tenderness to palpation on the lumbar paraspinal and midline muscles was noted. Range of motion was documented at flexion 45/80, extension at 20/45 and bilateral rotation and tilt at 30/45. Spasm was present with range

of motion. Motor examination on the right side documented the iliopsoas, quadriceps, tibialis, extensor hallucis longus, and gastrocnemius muscles at 4/5 with decreased sensation to light touch on the left L3 through S1 dermatomes. Straight leg raise was positive at 40 degrees on the left with positive facet loading test. Current medications are listed as Norco, Baclofen, Colace, Prilosec, and topical analgesics. Treatment plan consists of an updated lumbar magnetic resonance imaging (MRI), discontinue Norco and start Tramadol, Baclofen, and Omeprazole, continue with topical analgesics and the current request for a cervical epidural steroid injection, and motorized cold therapy unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. In the event that facet joint injections were given previously, to be considered for a repeat injection the patient must have had initial pain relief of 70 percent, plus pain relief of at least 50 percent for a duration of at least 6 weeks. It was noted that the patient has had previous cervical epidural steroid injections, but the date and any pain relief were not documented. Cervical epidural steroid injection is not medically necessary.

Motorized cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance. Motorized cold therapy unit for purchase is not medically necessary.

