

Case Number:	CM15-0124230		
Date Assigned:	07/08/2015	Date of Injury:	01/05/1995
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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 59-year-old female, who sustained an industrial injury on 1/05/1995. The details of the initial injury and prior treatments to date were not clearly documented in the medical records submitted for this review. Diagnoses include cervical pain, myalgia and myositis, status post bilateral carpal tunnel release and status post right epicondyle surgery. Currently, she complained of multiple areas of pain including right shoulder, right elbow, right hand/wrist/thumb, neck and left hand. The pain was noted as associated with numbness and tingling. On 5/19/15, the physical examination documented cervical tenderness with a positive Spurling's test and positive facet loading test. The treating diagnoses included cervical spine degenerative disc disease with posterior disc herniation with arthropathy and stenosis. The plan of care included cervical epidural steroid injection and purchase of a motorized cold therapy unit only status post cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Exam showed positive facet loading without noted motor or sensory findings. In addition, to repeat a CESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient had previous ESI with pain relief reported lasting 2 weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Cervical epidural steroid injection to the cervical spine is not medically necessary and appropriate.

Levels to be injected: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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thereby, the Levels to be injected is not medically necessary and appropriate.

Motorized cold therapy purchase only status post cervical epidural steroid injection:
Upheld

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 Official Disability Guidelines (ODG) Low Back, Cold/Heat Therapy, page 343.

Decision rationale: The request for authorization does not provide supporting documentation for purchase beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The request for a Cold therapy System purchase with Cold Therapy unit does not meet the requirements for medical necessity. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Treatment plan include steroid injection and cold therapy unit purchase is not indicated for post ESI. Additionally, as the Cervical epidural steroid injection to the cervical spine is not medically necessary and appropriate; thereby, the Motorized cold therapy purchase only status post cervical epidural steroid injection is not medically necessary and appropriate.