

Case Number:	CM15-0042534		
Date Assigned:	03/12/2015	Date of Injury:	03/17/2014
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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, Massachusetts

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 44 year old female, who sustained an industrial injury on 03/17/2014. She reported an injury to her neck and upper extremities. The injured worker is currently diagnosed as having axial neck pain and MRI findings from 4/23/14 show evidence of disc protrusion at C4-C5 and C5-C6. Treatment to date has included MRI of cervical spine, physical therapy, and acupuncture, and medications. Electrodiagnostic studies from 4/24/14 were negative for cervical radiculopathy. In a progress note dated 11/24/2014, the injured worker presented with complaints of neck pain and right forearm pain and numbness. Physical exam indicated loss of range of motion of the cervical spine with severe spasm and tenderness to palpation. There were no neurological deficits noted on physical exam. The treating physician reported requesting a diagnostic facet block in the cervical area, motorized cold therapy unit for purchase only and prescribing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESI), Cervical Spine C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Recommended as an option for treatment of radicular pain on the condition that, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." According to the review of the clinical records, objective studies do not corroborate radiculopathy as NCS was negative for radiculopathy at the proposed C6-7 level and MRI showed no protrusion or impingement on the canal at this level. Additionally physical exam findings did not show any motor weakness or sensory deficits that would indicate nerve involvement at that level. Given the lack of documented physical examination and corroborated by imaging studies and/or electrodiagnostic testing, ESI at this level is not medically necessary based on the records and guidelines.

Motorized Cold Therapy unit, purchase only: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: While cold therapy is recommended by the provided records and guidelines, a motorized cold therapy unit is not proven to be more efficacious than standard cold packs. There has not been any documentation of a specific rationale why a motorized unit is required. Consequently this specific type of cold therapy is not medically necessary based on the guidelines.

Soma 350 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, page(s) 64-66.

Decision rationale: Carisoprodol is a muscle relaxant. Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being medically necessary at this time.

Mobic 15 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, page(s) 67-73.

Decision rationale: According to CA MTUS guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records, there is improvement with the current dose of ibuprofen. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker, there is no report of side effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is minimal at a once a day dosing, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.