

Case Number:	CM15-0061502		
Date Assigned:	04/07/2015	Date of Injury:	01/12/2003
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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: Pennsylvania, Ohio, 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 51 year old male, who sustained an industrial injury on January 12, 2003. He reported neck pain with radiating pain to the right shoulder and left upper extremity. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, status post right shoulder arthroscopies three times, status post left shoulder arthroscopy, status post right carpal tunnel release and De Quervain's release and right elbow epicondylitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, conservative treatments, medications and work restrictions. Currently, the injured worker complains of neck pain, shoulder pain and left upper extremity pain. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 20, 2015, revealed continued pain. A home interferential unit and a cervical epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5 and C5-C6 transfacet epidural steroid injection: Upheld

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

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

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.

Home Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 118-120.

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore this request is not medically necessary.