

Case Number:	CM13-0017763		
Date Assigned:	10/11/2013	Date of Injury:	12/15/2008
Decision Date:	09/26/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male with a 12/15/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/30/13 noted subjective complaints of neck pain radiating to the bilateral shoulders as well as low back pain radiating down the right leg. Objective findings included decreased sensation in the left C5 and C6 dermatomes. Strength is decreased in the left C5 distribution at 4/5. Lumbar spine showed diffuse tenderness over paravertebrals. Cervical MRI reportedly showed neuroforaminal stenosis however the official report is not available for review. Diagnostic Impression: cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy Treatment to Date: medication management, physical therapy A UR decision dated 8/21/13 modified the request for left C4-C5 and C5-C6 ESI x 2. It certified x 1. A good response must be objectively documented from the first injection prior to another injection. It also denied a request for urine drug test. There is no documentation of this claimant being on any opioid medications, nor is there indication to want to start her on opioid therapy. It also denied a request for LSO brace. The use of lumbar supports has not been proven efficacious. There is no indication of lumbar fusion surgery being done. It also denied a request for cervical and lumbar traction unit. It has not been adequately proven with regards to overall efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C4-C5 AND C5-C6 ESI X 2: 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 Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA guides (Radiculopathy).

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. There is objective evidence of cervical radiculopathy at the requested levels. There is also reportedly cervical MRI abnormalities at the associated levels, although the official MRI report is not available for review. However, current guidelines do not recommend "series of three" injections. A repeat injection may only be approved if the first injection achieved adequate pain relief associated with reduction of medication use. Therefore, the request for left C4-C5 and C5-C6 ESI x 2 was not medically necessary.

URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines drug testing; urine testing in ongoing opiate management Page(s): 43; 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the provided documents available for review, there is no mention of concern for illegal drug use. There is no documentation that the patient is on opioid therapy or is intended to be started on opioid therapy. It is unclear why a urine drug test would be useful. Therefore, the request for urine drug test was not medically necessary.

LSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, with a 2008 date of injury and no documentation of any interval injury, it is unclear why an LSO brace would be useful more than 5 years after the original date of injury. Therefore, the request for LSO brace was not medically necessary.

CERVICAL AND LUMBAR TRACTION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-174, 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 298-301; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, neck and upper back chapter.

Decision rationale: CA MTUS states that traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. ODG recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, CA MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, ODG does not recommend powered traction devices. Evidence based guidelines do not support the use of cervical or lumbar traction. Therefore, the request for cervical and lumbar traction unit was not medically necessary.