

Case Number:	CM13-0021626		
Date Assigned:	11/13/2013	Date of Injury:	04/04/2012
Decision Date:	01/08/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine 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 physician 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:

The applicant is a represented [REDACTED] employee who has filed a claimed for chronic neck pain reportedly associated with an industrial injury of April 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the cervical spine of July 15, 2013, notable for multilevel low-grade disk bulging with associated mild-to-moderate left-sided central canal stenosis at C6-C7; attorney representation; electrodiagnostic testing of May 3, 2013, interpreted as normal; unspecified amounts of acupuncture; and apparent return to her usual and customary regular work, per prior report of April 10, 2013. In a utilization review report of August 9, 2013, the claims administrator denied a request for cervical epidural steroid injection, citing the lack of conclusive evidence of radiculopathy. A topical compounded cream was also not certified. The applicant's attorney later appealed, on September 6, 2013. An earlier note of August 1, 2013 is handwritten, not entirely legible, notable for comments that the applicant reports neck pain radiating to the bilateral upper extremity. There is burning about the same. A positive Spurling's maneuver is appreciated. Weakness is noted about the bilateral hands. It is stated that the applicant carries a diagnosis of cervical radiculitis, shoulder bursitis, tennis elbow, and carpal tunnel syndrome. Epidural steroid injection therapy is endorsed. The applicant is asked to continue regular work. Topical Dendracin cream is also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (CESI): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46,. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) criteria for epidural injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Page(s): 46 pf 127.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for pursuit of cervical epidural steroid injection is evidence of radicular complaints, corroborated by imaging studies and/or electrodiagnostic testing. In this case, the applicant does have ongoing radicular complaints with neck pain radiating to the bilateral arms. While her electrodiagnostic testing is negative, she does have a positive Spurling's maneuver and weakness about the hands, possibly either a result of cervical radiculopathy and/or suspected carpal tunnel syndrome. An MRI imaging of July 15, 2013 was notable for mild-to-moderate left-sided central canal stenosis with associated thecal sac effacement and encroachment on the left C7 nerve root. Thus, there is some (albeit incomplete) radiographic evidence of radiculopathy. As further noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a maximum of two epidural steroid injections can be performed for diagnostic purposes. In this case, the applicant has not had any prior cervical epidural steroid injections. A trial injection for diagnostic purposes is indicated, given the ongoing radicular complaints. Therefore, the original utilization review decision is overturned. The request is certified

Dendracin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Dendracin are "largely experimental." In this case, there is no evidence in the records of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for usage of this topical compound. Therefore, the original utilization review decision is upheld. The request remains non-certified.