

Case Number:	CM13-0022288		
Date Assigned:	11/13/2013	Date of Injury:	08/22/2000
Decision Date:	02/14/2014	UR Denial Date:	09/05/2013
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 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 claim for chronic neck, mid-back, and low back pain associated with an injury that took place on August 22, 2000. Thus far, the applicant has been treated with analgesic medications, cervical spine surgery, spinal cord stimulator implantation, and topical compounds. According to a psychiatric progress note from August 1, 2013, the applicant has been issued prescriptions for Wellbutrin, Klonopin, Viagra, Ambien, Ativan, Atarax, and senna. According to a July 22, 2013 progress note, the applicant is on Vicodin, Ativan, and unspecified muscle relaxants. A positive Spurling maneuver with 4/5 upper extremity strength was noted. The applicant remains off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a cervical spine epidural steroid injection at C5-C6: Overturned

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, particularly that which is corroborated by imaging studies and/or electrodiagnostic testing. In this case, an MRI of the cervical spine that was taken on May 15, 2013 suggests disk herniation, generating spinal stenosis at the C5-C6 level. The applicant has associated radicular complaints and upper extremity weakness, coupled with a positive Spurling's maneuver on exam. It appears that the applicant has clinically evident and radiographically confirmed radiculopathy for which an epidural steroid injection is an indicated treatment. Therefore, the request is certified.

30 Medrox patches: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Medrox are "largely experimental." In this case, the applicant has used Medrox for some time and failed to experience any lasting benefit or functional improvement. The fact that the applicant remains off work on total temporary disability and is pursuing numerous other treatments, such as a spinal cord stimulator and epidural spinal steroid injections implies a lack of functional improvement. It is further noted that the applicant is using numerous first-line oral analgesic and adjuvant medications, such as Norco, Neurontin, Cymbalta, Flexeril, etc., effectively obviating the need for topical analgesics. Therefore, the request is non-certified.