

Case Number:	CM13-0039024		
Date Assigned:	12/18/2013	Date of Injury:	02/26/2004
Decision Date:	02/11/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesiologist, has a subspecialty in Pain 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. 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 patient is a 53-year-old female who reported an injury on 02/26/2004. The patient is currently diagnosed with lumbar radiculopathy, status post cervical decompression and fusion at C5-6 and C6-7, and herniated nucleus pulposus of the lumbar spine. The patient was seen by [REDACTED] on 09/24/2013. The patient reported 7/10 to 8/10 pain. Physical examination revealed decreased sensation at C5, C6, C7, and C8 dermatomes to pin prick and light touch, decreased sensation to L5 and S1 dermatomes to pin prick and light touch, 5/5 motor strength in bilateral upper extremities, and 4+/5 bilateral EHL and eversion strength. Treatment recommendations included a transforaminal epidural steroid injection at bilateral L4 and L5, a computed tomography scan of the cervical spine, and an electromyogram / nerve conduction studies of bilateral upper and lower extremities. ↑

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches the topical analgesic preparation five patches times two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesic Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Therefore, the patient does not currently meet criteria as outlined by the California Medical Treatment Utilization Schedule (MTUS) Guidelines. As such, the request is non-certified.

Computed tomography scan of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause, including computed tomography, or computed tomography for bony structures. As per the clinical notes submitted, the patient has undergone a cervical decompression and fusion at C5-6 and C6-7. There has been no significant change in the patient's physical examination findings or subjective complaints that would indicate the need for an imaging study at this time. There is no indication of a suspicion for cervical spine trauma. Additionally, there are no plain films obtained prior to the request for a computed tomography scan. The medical necessity has not been established. Therefore, the request is non-certified.

Transformational epidural steroid injections bilaterally at L4, L5, and S1 three levels:
Upheld

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: California Medical Treatment Utilization Schedule (MTUS) Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. No more than two nerve root levels should be injected using transforaminal blocks. The current request for transforaminal epidural steroid injections bilaterally at 3 levels exceeds guideline recommendations. Additionally, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of lumbar radiculopathy. It is noted on 09/24/2013 by [REDACTED] the patient is pending electromyogram / nerve conduction studies of bilateral lower extremities. Based on the clinical information received, the request is non-certified.