

<b>Case Number:</b>	CM13-0047049		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 70-year-old male who was injured on February 18, 2011 when he struck his head on a steel beam at work. The patient continued to experience pain in his neck radiating into his shoulders and pain in his neck. Physical examination showed normal range of motion in his neck, normal strength in his arms, and decreased sensation in the right C5 and C6 dermatomes. MRI of the cervical spine done on April 1, 2012 showed disc protrusions at C4-5, C5-6, and C6-7. EMG studies done on May 22, 2012 showed mild evidence of right C6 radiculopathy with mild carpal tunnel syndrome. Lumbar spine was tender on examination. Strength was 5/5 in the right lower extremity and 4/5 in L5 and S2 nerve roots on the left side. Sensation was decreased in the L5 nerve root distribution on the right side and normal on the left side, normal in the L4 nerve root distribution bilaterally, and decreased in the S1 distribution bilaterally. Diagnoses included cervical disc herniation with right rotator cuff syndrome. Treatment included medications, physical therapy, and epidural steroid injection of the cervical spine. The patient obtained 70% improvement for at least one week. Requests for authorization for second cervical spine steroid injection, lumbar spine steroid injection, and capsaicin cream were submitted on October 5, 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Followup with pain management specialist, [REDACTED], for a second cervical epidural steroid injection:** 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:** In this case the patient did obtain greater than 70% relief, but there is no documentation that relief lasted 6-8 weeks. According to the MTUS Chronic Pain Guidelines, repeat blocks should only be repeated if there is adequate response to the first block. There is no documentation of efficacy of treatment. The MTUS Chronic Pain Guidelines' criteria for repeat steroid injection are not met and the request for a followup with a pain management specialist for a second cervical epidural steroid injection is not medically necessary and appropriate.

**Consultation with [REDACTED] for possible lumbar epidural steroid injection:** 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:** In this case the physical examination is inconsistent and does not support the presence of lumbar radiculopathy. Motor strength is decreased in the left lower extremity, but sensory deficits occur in the right lower extremity. In addition there are no imaging studies or electrodiagnostic testing to corroborate radiculopathy in the medical records provided for review. Criteria for lumbar steroid injection are not met. Consequently, the request for a consultation with Dr. [REDACTED] for a possible lumbar epidural steroid injection is not medically necessary and appropriate.

**Biotherm topical cream Capsaicin 0.002% 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments by the MTUS Chronic Pain Guidelines. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Documentation of the failure of other treatments is scarce in the medical records provided for review, mentioning only physical therapy. The treatment with capsaicin is therefore not medically necessary and appropriate.