

Case Number:	CM13-0065981		
Date Assigned:	01/03/2014	Date of Injury:	12/17/2009
Decision Date:	05/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 55 year-old male who was injured on 12/17/09. He has been diagnosed with chronic low back pain; neurogenic claudication; bilateral L3/4 and right L4/5 foraminal stenosis; bilateral Final Determination Letter for IMR Case Number CM13-0065981 3 lumbar radiculopathy; remote history of lumbar spine surgery 2 decades ago, chronic left scapular pain, left hand numbness; history of left TKA and left shoulder arthroscopy; left C4/5 disc herniation and multiple degenerated cervical discs. According to the 11/4/13 pain management report from ■■■■■, the patient presents with 7/10 pain. He is reported to have a surgical evaluation of the brachial plexus symptoms. On exam, Spurlings caused left scapular pain. He was prescribed Lidoderm patches and a request for a cervical ESI was made. The last CESI was reported to be in May 2013 and gave 70% relief for 16 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: According to the 11/4/13 pain management report from [REDACTED], the patient presents with 7/10 pain, presumably in the neck and back. I have been asked to review for an incomplete request for a cervical epidural steroid injection. The physician did not specify the level or levels of the ESI and on reviewing the 11/4/13 report, there is no specific level of nerve root compression identified. There was no mention of any pain in any particular cervical dermatomal distribution. Spurlings test was reported to cause pain in the scapula. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS criteria for an ESI has not been met.

ONE PRESCRIPTION FOR LIDODERM PATCHES 5% #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and Topical Analgesics Page(s): 56-57,111-113.

Decision rationale: The patient presents with 7/10 pain, low back or neck. I have been asked to review for Lidoderm patches. MTUS states Lidoderm patches can be used for neuropathic pain after trials of TCA or SNRI or AEDs. The records show the patient does have lumbar radicular symptoms and apparently a brachial plexus injury. He has tried Lyrica in the past. Lidoderm patches were initially requested on 11/4/13. The request appears to be in accordance with MTUS guidelines. The patient has neuropathic pain and tried an AED.