MAXIMUS Federal Services

Case Number:	CM14-0007914		
Date Assigned:	02/10/2014	Date of Injury:	04/22/2008
Decision Date:	06/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Pain Medicine, and is licensed to practice in New York and Texas. 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:

The injured worker is a 36 year old male whose date of injury is 4/22/08. The injured worker fell 4-5 feet off the end of a table onto concrete, and injured his legs, and lumbar and thoracic spine. Treatment to date includes physical therapy, a bilateral sacroiliac joint injection on 4/1/09, epidural steroid injection and left sacroiliac joint injection on 10/19/09, right sacroiliac joint injection on 4/14/10, lumbar facet injections to L2-L5 on 1/8/13, and lumbar radiofrequency rhizotomy on 8/15/13. EMG/NCV done on 4/23/09 was normal. An MRI of the lumbar spine dated 4/25/09 revealed disc desiccation without narrowing at L5-S1. A 4mm broad based right disc protrusion is identified which does not abut the thecal sac or the adjacent nerve roots. Per an agreed medical examiner report dated 8/16/12, there was no significant benefit with previous epidural steroid injections. A panel qualified medical re-evaluation dated 5/23/13 indicates that medications include Nexium, Docusate, Norco, and Gabapentin. Diagnoses are listed as cutaneous femoris posterior nerve sydnrome and/or medial cluneal neuropathy, constipation, hemorrhoids, and insomnia. Per the note dated 10/3/13, EMG/NCV in September 2011 was negative. On 12/28/13, the injured worker underwent lumbar paramedian epidural steroid injection at the right L5-S1 and selective epidural steroid injection at the right S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOGABA CREAM 10%/10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that if a compounded medication contains a drug or drug class that is not recommended, then the entire compounded medication cannot be recommended. Guidelines also note that the use of topical Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Because Gabapentin is not recommended, Cyclogaba cream cannot be recommended. As such, the request is not medically necessary.

RIGHT LUMBAR L5-S1 PARAMEDIAN EPIDURAL STEROID BLOCK: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results in order to perform an epidural steroid injection (ESI). There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy, and the submitted MRI and EMG/NCV fail to support the diagnosis. On 12/28/13, the injured worker underwent a lumbar paramedian epidural steroid injection at the right L5-S1 and a selective epidural steroid injection at the right S1. Guidelines require documentation of at least 50% pain relief for at least six weeks in order to recommend a repeat ESI; however, the injured worker's objective functional response to these procedures is not documented. As such, the request is not medically necessary.

S1 SELECTIVE EPIDURAL BLOCK: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results in order to perform an epidural steroid injection (ESI). There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy, and the submitted MRI and EMG/NCV fail to support the diagnosis. On 12/28/13, the injured worker underwent a lumbar paramedian epidural steroid injection at the right L5-S1

and a selective epidural steroid injection at the right S1. Guidelines require documentation of at least 50% pain relief for at least six weeks in order to recommend a repeat ESI; however, the injured worker's objective functional response to these procedures is not documented. As such, the request is not medically necessary.