

Case Number:	CM14-0100189		
Date Assigned:	07/28/2014	Date of Injury:	11/02/2008
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Texas and Oklahoma. 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 65-year-old female who reported an injury on 11/05/2008. The mechanism of injury was not provided. On 07/01/2014, the injured worker presented with left shoulder pain, right wrist numbness and pain, left wrist numbness and pain, left hip pain, and left knee pain. Current medications included Norco, LidoPro cream, and Vicodin. Upon examination of the left shoulder there was a positive Neer's and Hawkin's test with 5/5 strength, normal sensation, and 2+ deep tendon reflexes. An examination of the left wrist had noted tenderness to palpation on the thumb and pain with range of motion. There was a positive Tinel's and Phalen's and 5/5 strength with 2+ deep tendon reflexes. An examination of the right wrist and hand noted tenderness to palpation over the thumb with positive Tinel's and a positive Phalen's with 5/5 strength. An examination of the left knee revealed a positive Lachman's test and anterior posterior drawer test. An MRI of the left shoulder dated 08/20/2010 revealed impingement/bursitis, rotator cuff tendonitis, bicep tendonitis, and degenerative labrum. An EMG dated 09/14/2010 revealed bilateral carpal tunnel syndrome. The diagnoses were left shoulder impingement/bursitis, left shoulder rotator cuff tendonitis, left hip osteoarthritis, left knee osteoarthritis, left knee ACL tear, bilateral carpal tunnel syndrome, and left wrist carpometacarpal osteoarthritis. Prior therapies included medications. The provider recommended an epidural steroid injection for the cervical spine, a diagnostic medial branch block in the lumbar spine, and a Lidoderm topical ointment. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intralaminar epidural steroid injection with catheter placement at C7-T1 to target the C3-4 and C5-6 levels: Upheld

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

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

Decision rationale: The California MTUS Guidelines state an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies in electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had a positive Neer's and Hawkin's with absence of pain with range of motion and no tenderness noted upon palpation on any ligament, tendon, or bone structures. There were no sensory or motor strength deficits noted, and there is an absence on the results of the Spurling's test. The physical examination and diagnostic testing findings do clearly corroborate radiculopathy. In addition, all of the documentation fails to show that the injured worker would be participating in an active treatment program following the requested injection and the injured worker's failure to respond to conservative treatment. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. Based on the above, the request is not medically necessary.

Lidoderm topical ointment 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 Lidoderm Page(s): 56.

Decision rationale: The request for Lidoderm topical ointment 4 oz is non-certified. California MTUS state topical Lidocaine maybe recommended for localized peripheral pain as if there has been evidence of the trial of a first line therapy (tricyclic or SNRI antidepressant or an AED such as Gabapentin or Lyrica). This is not a first line treatment, and it is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis congruent with the guideline recommendation for Lidoderm. Additionally, the provider's request does not indicate the frequency or dose of the Lidoderm ointment in the request as submitted. There is lack of evidence of the injured worker's failure to respond to first line therapy including tricyclic, serotonin-norepinephrine reuptake inhibitors, antidepressants or an AED such as Gabapentin or Lyrica. The provider's request does not indicate the body part that

the Lidoderm topical ointment is indicated for in the request. As such, the request is not medically necessary.

Diagnostic medical branch block left L3-4, L4-5, and L5-S14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may benefit an injured worker presenting in the transitional phase with pain acute and chronic. Official Disability Guidelines further state that the criteria for use of a diagnostic block is limited to injured workers with pain that is non-radicular, no more than 2 joint levels injected in 1 session, a failure of conservative treatments include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider noted no tenderness to palpation on any ligament, tendon, or bone structures, and no pain with range of motion. An absence of sensory and motor examination and evidence of a straight leg raise test. The provider's request for a medial branch block to the left L3-4, L4-5, and L5-S1 exceed the guideline recommendations, which state no more than 2 facet joint levels are injected in 1 session. There is lack of evidence of the injured worker's failure to respond to conservative treatment to include medications and physical therapy. Based on the above, the request is not medically necessary.