

Case Number:	CM14-0017378		
Date Assigned:	04/16/2014	Date of Injury:	04/05/2010
Decision Date:	05/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 59-year-old male who reported an injury on 04/01/1983. The mechanism of injury was not stated. The current diagnoses include cervical myelopathy, cervical degenerative disc disease with radiculopathy, status post ACDF in 2011, thoracolumbar myofascial complaints, medication induced gastritis/reflux, multilevel herniated nucleus pulposus of the lumbar spine, multilevel canal stenosis, multilevel facet arthrosis of the lumbar spine, multilevel herniated nucleus pulposus of the cervical spine, bilateral facet arthrosis at C2-T1, cervical canal stenosis at C3-C5, and cord edema or myelomalacia at C5-6. The injured worker was evaluated on 12/11/2013. The injured worker reported persistent neck and lower back pain. The injured worker underwent an interlaminar epidural steroid injection on 10/16/2013 with 75% relief. Current medications include LidoPro cream and Prilosec 20 mg. Physical examination revealed diffuse tenderness to palpation in the paracervical and lumbar spine, decreased cervical and lumbar range of motion, decreased sensation in the C6 through C8 dermatomes, decreased sensation in the bilateral L4 dermatomes, 5/5 motor strength, and hyperreflexive bilateral upper and lower extremities. The treatment recommendations included continuation of current medication, a general orthopedic follow-up for bilateral hands and wrists, and a repeat interlaminar epidural steroid injection at C4 through C7 times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT, 2 REFILLS: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There was no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

OMEPRAZOLE / PRILOSEC, 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. The patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no dosage, frequency or quantity listed in the current request. As such, the request is not medically necessary.

ORTHO FOLLOW UP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when the patient needs a release to modified, increased or full duty, or after appreciable healing or recovery can be expected. There was no comprehensive physical examination of the bilateral hands or wrists. There is also no evidence of an attempt at conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. As such, the request is not medically necessary.

REPEAT INTERLAMINAR CERVICAL EPIDURAL STEROID INJECTIONS BILATERAL C4-C5, C5-C6, C6-C7 X3: 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: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Guidelines state no more than 1 interlaminar level should be injected at 1 session. Guidelines do not support a series of 3 injections in either the diagnostic or therapeutic phase. Therefore, the current request for an epidural steroid injection at C4-5, C5-6, and C6-7 (times 3) exceeds guideline recommendations. As such, the request is not medically necessary.