

Case Number:	CM14-0019241		
Date Assigned:	04/21/2014	Date of Injury:	01/09/2007
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation; and is licensed to practice in Illinois. 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 female who reported an injury on 01/09/2007. The mechanism of injury involved a fall. Current diagnoses include cervical radiculopathy, thoracic disc herniation, lumbosacral spine pain, bilateral knee intra-articular complaints, status post carpal tunnel release, early avascular necrosis of the left wrist and right knee patellofemoral pain syndrome. The injured worker was evaluated on 09/05/2013. The injured worker reported persistent pain with activity limitations. Physical examination revealed stiffness in the cervical spine, normal muscle tone, 3/5 strength, normal coordination, normal deep tendon reflexes, tenderness to palpation at the C3-6 facet capsules, a positive Spurling's maneuver and right shoulder impingement. The treatment recommendations at that time included the continuation of current medications and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (CESI) WITH LEVELS TO BE DETERMINED BY ANESTHESIOLOGIST: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker has previously undergone a cervical epidural steroid injection on 10/02/2012 with 90% improvement reported. However, the California MTUS Guidelines state that repeat blocks are based on continued objective documentation pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. There was no documentation of objective functional improvement with a reduction of medication use for 6 to 8 weeks following the initial injection. Therefore, a repeat injection cannot be determined as medically appropriate. There was also no specific level at which the epidural steroid injection will be administered listed in the current request. As such, the request is not medically necessary.

FLUCINONIDE 0.5% CREAM X 3 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker has utilized this medication since 08/2013 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.