

Case Number:	CM14-0167440		
Date Assigned:	10/14/2014	Date of Injury:	01/26/2007
Decision Date:	12/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine 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:

The injured worker (IW) is a 59-year-old man who sustained an industrial injury on January 26, 2007. The mechanism of injury is not documented in this medical record. The IW is status-post a transforaminal epidural steroid injection (ESI) bilaterally at L4 and L5 on November 4, 2012. MRI of the lumbar spine dated March 8, 2007 reveals multilevel mild disc disease, as well as facet arthropathy. Disc bulging and changes greatest at the L3-L4 and L4-L5. The combination of changes results in mild central canal stenosis and foraminal narrowing at these levels. Foraminal narrowing does become moderate on the left at L3-L4 only. According to the QME supplemental report dated July 25, 2010, the provider recommended further diagnostic tests including MRI study of the left knee be obtained before his condition could be considered as permanent and stationary and ratable. Diagnoses were multilevel degenerative joint and disc disease of the lumbar spine with nerve root encroachment of L4-L5 on the left with radiculopathy, and sprain, left knee, resolved. It was opined that after review of the MRI study in comparison with the QME report dated May 27, 2010, the injured worker's condition can be considered as permanent and stationary and having reached MMI as of May 27, 2010. Future medical care was to include physician visits for the purpose of examination and prescriptions for medications, orthotics, therapy, or other treatment as appropriate for his injuries. Progress report dated March 25, 2014 indicated that the IW has 7/10 pain in his lower back and left knee. Electrodiagnostic studies complete in 2013 were negative. Report dated May 20, 2014 indicated the IW continues with left hip pain, left knee pain, and lower back pain. The IW had over 6 sessions of physical therapy with significant improvement. The authorization was provided on May 1, 2014. There is ongoing numbness in the left thigh and the left hip is stiff. Pain was reported as 8/10 previously, but is now decreased to 1-3/10 in the left hip and the thigh. There was no evidence of radiculopathy on examination and there were no finding consistent with

sacroiliac joint mediated pain. The IW has a history of taking Tylenol #3 and Neurontin in November 2012. He developed complications with the medications. He had an ESI February 12, 2013 without any relief. Lidoderm patch have been beneficial for the low back pain. Current examination demonstrates moderate pain, spasms over the left more than the right sacroiliac joint and lower lumbar levels, positive left Gillet's sign, bilateral seated straight left raise produces referral down the left lower extremity, 5/5 strength, and decreased range of motion (ROM). It was recommended that the IW continue Butrans patch and Tylenol #3, despite the nausea he experiences with it. The IW was evaluated September 18, 2014. He reported pain 6-7/10. He is working part-time. Examination demonstrated positive straight leg raise on the left, guarded motion, positive Gillet's test on the left, decreased ROM, and tenderness. There does not appear to be any clinical findings on physical examination consistent with an objective focal neurological deficit in the dermatomal or myotomal pattern that would cause concern for neural compromise or radiculopathy stemming from the lumbar spine. The medical records do not establish a frank neural compressive lesion to the L4-L5 level on the imaging study. Moreover, the electrodiagnostic study was negative for radiculopathy. The current plan documents that the IW is to continue with Lidoderm, Flector patch, and Tylenol #3 along with ESIs for pain management. He has already been declared permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Epidural Steroid Injection: 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 Epidural steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the epidural steroid injection to the left L4 - L5 space is not medically necessary. The guidelines enumerated criteria for epidural steroid injections. Radiculopathy must be documented by physical examination and corroborated by imaging studies and electric diagnostic testing and in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. In this case, physical examination does not show or document any evidence of radiculopathy stemming from the lumbar spine. In the absence of radiculopathy epidural steroid injections would not be indicated. Additionally, the electrodiagnostic studies were reportedly negative for radiculopathy. Also, the injured worker underwent an epidural steroid injection February 12, 2013 "without any relief". According to the guidelines repeat epidural steroid injections should be based on continued objective documented pain and functional improvement. There was none pursuant to the medical record documentation. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the epidural steroid injection L4-L5 is not medically necessary.

Left SI (Sacroiliac) Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; SI Joint Blocks

Decision rationale: Pursuant to the Official Disability Guidelines the left sacroiliac joint injection/block is not medically necessary. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. The diagnosis is also difficult to make because pain symptoms may depend on the region of the SI joint that is involved. Imaging studies are not helpful and the SI block is felt to show low sensitivity with discordance noted between consecutive blocks thereby questioning validity. In this case, the medical records do not establish the injured worker has at least three positive provocative examination findings indicative of sacroiliac joint dysfunction. Two progress notes, August 5, 2014 and September 18, 2014 provide to positive findings pertaining to the left sacroiliac joint. This would not constitute sacroiliac joint dysfunction as defined by the evidence-based guidelines. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, the sacroiliac joint injections/block is not necessary.

Lidocaine/ Terocin Patch #30 (prescribed 09/18/2014): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesic

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the compound topical agent containing lidocaine topical/ Terocin is not medically necessary. Terocin contains Capsaicin, lidocaine, menthol, and methyl salicylate is not medically necessary. According to the guidelines, topical analgesics are largely experimental with few randomized clinical trials to determine the efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If one ingredient is not recommended in a compounded medication, the medication is not recommended. In this case, the medical records do not indicate the injured worker is intolerant to oral preparations or has failed trials of antidepressants and anticonvulsants. Additionally, menthol is not recommended pursuant to the guidelines. Consequently, if one ingredient (menthol) is not recommended, the medication is not recommended. The topical medication is therefore not recommended. Based on the clinical information in the medical record and the evidence-based peer-reviewed guidelines the compound containing lidocaine, Capsaicin, menthol and methyl salicylate is not medically necessary.