MAXIMUS Federal Services

Case Number:	CM14-0169181		
Date Assigned:	10/17/2014	Date of Injury:	06/17/2008
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation 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 is a 41 year old male injured on June 17, 2008 due to large pipes being dropped on him from a forklift. The injured worker sustained injuries to the neck and shoulders. Diagnoses include left shoulder pain, cervical degenerative disc disease, and cervicalgia. The most recent progress note, dated September 8, 2014, indicates the injured worker continues with complaints of left shoulder pain that radiates to the left upper extremity and to the left hand. The pain is severe but does not affect activities of daily living but pain does impair his ability to sleep. Pain is somewhat relieved with medication and rest. The injured worker's pain is better during this office visit and medications allow him to work full time. The injured worker's pain has become worse and is starting to have difficulty performing job duties. Pain level 7 out of 10 on the visual analog pain scale. The treating physician states an epidural steroid injection will relieve the injured worker's cervical pain. Medications include Ultram 50mg every 8 hours and Voltaren Gel four times daily. The injured worker has utilized Voltaren Gel since, at least, January 2014. MRI of the cervical spine, dated April 23, 2014, revealed chiari 1 malformation with 2.5cm downward cerebellar tonsilar herniation, small associated left paracentral holocord syrinx, and minimal spondylosis without stenosis from C3-4 through C5-6. Physical exam reveals mild tenderness in the midline of the cervical spine. Cervical spine range of motion: flexion 60 degrees, extension 40 degrees, left lateral flexion 15 degrees, right lateral flexion 15 degrees, left and right lateral rotation at 90 degrees. Exam of the left upper extremity reveals reduced sensation to light touch extending from the shoulder to the left middle finger. Past treatments have included TENS unit with pain relief and the injured worker is utilizing a home exercise program taught during physical therapy. Prior utilization review, dated October 7, 2014, denied request for Voltaren Gel 1% #3 and cervical epidural steroid injection at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Per guidelines, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is not recommended as a first-line treatment and is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. In this case, the records do not indicate that the above criteria are met. There is no documented trial and failure of oral NSAIDs. It is not clear which body part; the Voltaren was prescribed for, as it is not recommended for spine. Furthermore, there is no documentation of shoulder osteoarthritis. Therefore, the request is considered not medically necessary in accordance to guidelines and based on the submitted clinical information.

Cervical Epidural Steroid Injection at C4-5: Upheld

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

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

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is little clinical evidence of radicular pain in a nerve root distribution, corroborated with imaging evidence of nerve root compression. There is no Electrodiagnostic evidence of cervical radiculopathy. There is no documentation of trial and failure of conservative management (i.e. structured physical therapy for at least 4-6 weeks). There is no record of ongoing, or plan for, PT (physical therapy) / home exercise program. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.