

Case Number:	CM14-0184312		
Date Assigned:	11/12/2014	Date of Injury:	02/28/2011
Decision Date:	12/15/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/05/2014

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 57-year-old female who reported an injury on 02/28/2011. The mechanism of injury was not provided. The injured worker's diagnoses included contusion, hip, shoulder, impingement syndrome, cervical disc degeneration, cervicgia, and thoracic degenerative disc. The injured worker indicated she was having difficulty holding objects. Prior treatments included physical therapy, massage therapy, chiropractic treatment, and acupuncture. NSAIDs did not provide relief. The injured worker was noted to undergo a transforaminal epidural steroid injection at T5-8 on the right on 04/24/2014. The documentation of 09/23/2014 revealed the injured worker had ongoing neck and thoracic pain. The pain level was a 9/10. The injured worker was complaining of right sided face numbness and also numbness in her arm and hand. The physical examination revealed the pain was radicular and followed a C5-6 nerve root distribution. The Spurling's test was positive on the right. There was facet tenderness in the cervical spine. Axial loading of the cervical spine worsened the pain. The neck range of motion was limited by pain. The injured worker had no dermatomal hypoalgesia on the right. The motor strength was within normal limits. The documentation indicated the injured worker underwent an MRI of the thoracic spine on 03/05/2013, which revealed no acute subacute compression. The request was made for a compounded medication and an epidural steroid injection. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical C5-6 epidural injection under fluoroscopic guidance: 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 Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that an epidural steroid injection is appropriate when there is documentation of radicular pain that is corroborated by radicular findings upon physical examination that are corroborated by electrodiagnostics and/or imaging. There should be documentation of a failure of conservative care including NSAIDs, muscle relaxants, exercise, and physical therapy. There was a lack of documentation indicating the patient had objective findings upon MRI or electrodiagnostic testing. There was documentation of a failure of conservative care. The documentation indicated the injured worker had a positive Spurling's sign. Additionally, the request as submitted failed to indicate the laterality for the request, as the symptoms and findings were on the right. Given the above and the lack of documentation, the request for cervical C5-6 epidural injection under fluoroscopic guidance is not medically necessary.

Compound Pain Cream (composition/name not provided): Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review failed to provide the components for the requested medication. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for compound pain cream (composition/name not provided) is not medically necessary.