

Case Number:	CM14-0046362		
Date Assigned:	07/02/2014	Date of Injury:	08/23/2012
Decision Date:	08/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopaedic Surgery 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 records presented for review indicate that this 63 year old male was reportedly injured on August 23, 2012. The mechanism of injury is noted as a slip and fall while loading a boat on a truck. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of cervical spine pain. Current medications include Neurontin, Vicodin, Advil, and Ultram. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles, decreased range of motion, and a negative Spurling's test. There was a normal upper extremity neurological examination. Diagnostic imaging of the lumbar spine noted multilevel degenerative changes at L3/L4 and L4/L5 to include disc bulging and facet arthropathy at these levels. Imaging of the cervical spine showed degenerative disc disease at C4/C5, C5/C6, and C6/C7 with spinal stenosis. Previous treatment includes chiropractic care, physical therapy, acupuncture, cervical spine epidural steroid injections, and lumbar spine epidural steroid injections. A request was made for lumbar spine epidural steroid injections, lumbar spine medial branch blocks, and a topical compound cream was not medically necessary in the preauthorization process on March 24, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Lumbar ESI (Epidural Steroid Injections) at L3-4 and L4-5, QTY: 3:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines states that the criteria for the use of epidural steroid injections include the presence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical examination the injured employee does not indicate the presence of any radiculopathy nor is there a suggestion of one present on the lumbar spine MRI. Furthermore, this request is for three injections in the practice of a series of three injections is not supported. For these reasons this request for a translaminar lumbar spine epidural steroid injection at L3/L4 and L4/L5 are not medically necessary.

Facet Medial Branch Blocks at L2, L3, L4 and L5, QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As with the request for lumbar spine epidural steroid injections, a series of three injections is not supported by the California Chronic Pain Medical Treatment Guidelines or the American College of Occupational and Environmental Medicine (ACOEM). Medial branch blocks are only recommended for diagnostic purposes rather than for therapeutic reasons. Therefore this request for facet medial branch blocks at L2, L3, L4, and L5 are not medically necessary.

Topical Compound Cream: Upheld

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

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

Decision rationale: This request is not specified what ingredients are included for these topical compounded creams. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including antiinflammatories, lidocaine, or capsaicin. There is no peer reviewed evidence based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for topical compounding creams is not medically necessary.