

<b>Case Number:</b>	CM14-0049817		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Occupational 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 patient is a 69-year-old female who has submitted a claim for cervicalgia, lumbago, and sacroiliac dysfunction; associated with an industrial injury date of 03/28/2011. Medical records from 2012 to 2014 were reviewed and showed that patient complained of neck pain radiating into the left trapezius and bilateral biceps, and left-sided low back pain, radiating to the buttocks. Physical examination showed tenderness at the left occiput and trapezius, and lumbar paraspinal muscles. Ranges of motion of the cervical and lumbar spines were limited. Reflexes were in the bilateral upper and lower extremities. Motor testing was normal. Sensation was intact. Treatment to date has included medications and physical therapy. Utilization review, dated 04/01/2014, denied the request for epidural steroid injection because there was no documentation regarding significant neurologic deficits, as well as diagnostic imaging to see pathology at the requested levels; and denied the request for Lidocaine 5% gel because the reports do not indicate failed trials of first-line oral antidepressants and anticonvulsants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4 and L5 Transforaminal epidural injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of back pain with radicular symptoms despite medications and physical therapy. Although the patient presented with lower extremity hyporeflexia, physical examination failed to demonstrate radiculopathy, or sensory and motor deficits at the requested levels. Moreover, there is no imaging or electrodiagnostic studies provided that show significant foraminal narrowing, nerve root compromise, or radiculopathy. The criteria for ESI have not been met. Therefore, the request for Right L4 and L5 Transforaminal epidural injections is not medically necessary.

**Left L4 and L5 transforaminal epidural injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of back pain with radicular symptoms despite medications and physical therapy. Although the patient presented with lower extremity hyporeflexia, physical examination failed to demonstrate radiculopathy, or sensory and motor deficits at the requested levels. Moreover, there is no imaging or electrodiagnostic studies provided that show significant foraminal narrowing, nerve root compromise, or radiculopathy. The criteria for ESI have not been met. Therefore, the request for Left L4 and L5 transforaminal epidural injections is not medically necessary.

**Lidocaine 5% gel 60gm, 2 refills:** 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): 111-113.

**Decision rationale:** As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). In this case, the patient complains of neck and back pain with radicular symptoms despite medications and physical therapy. However, medical records reviewed did not show failure of or intolerance to first-line antidepressants or anticonvulsants. Therefore, the request for Lidocaine 5% gel 60gm, 2 refills is not medically necessary.