

Case Number:	CM14-0073555		
Date Assigned:	07/16/2014	Date of Injury:	04/10/2007
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 Nevada. 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 43 year-old female was reportedly injured on 4/10/2007. The mechanism of injury is noted as an industrial injury. The claimant underwent a lumbar spine fusion at L5-S1 on 3/17/2009; followed by removal hardware, exploration of fusion and posterior spinal fusion/laminectomy at L5-S1 on 1/24/2013. The most recent progress note dated 6/13/2014, indicates that there are ongoing complaints of neck pain and left upper extremity numbness, tingling and burning. She underwent a cervical epidural steroid injection and reported a 70% improvement in her radicular symptoms for approximately one year. The physical examination demonstrated tenderness and spasm of the cervical musculature; limited cervical range of motion with pain; decreased sensation C5, C6 left dermatome; positive Spurling's test with radicular symptoms in left extremity; shoulder strength 4+/5 left and 5-/5 right. MRI of the cervical spine dated 1/4/2011 demonstrated mild spondylosis at C4-C5, C5-C6, C6-C7; a 2-3 mm left posterior paracentral disk protrusion, mild left lateral recess stenosis and distortion of the left C5 nerve root at C4-C5; a 3 mm broad-based disk protrusion, indentation and impingement on the anterior thecal sac and cord with displacement and distortion of the C6 nerve roots at C5-C6; a 2 mm posterior disk bulge at C6-C7. Previous treatment includes acupuncture, chiropractic treatment, physical therapy, home exercise program, activity modification, one cervical epidural steroid injection and medications. A request had been made for interlaminar epidural steroid injections at C4-C5 and C5-C6 which were not certified in the utilization review on 5/15/2014. As a special note, a physician peer review on 7/30/2014 has certified the cervical interlaminar epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Injections at C4-5 and C5-6: Overturned

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

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

Decision rationale: MTUS guidelines support 1-2 epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, the claimant reported a 70% improvement in radicular symptoms for approximately one year after one cervical epidural steroid injection. In accordance with the MTUS guidelines the requested procedure is considered medically necessary.

Retrospective request for LidoPro Topical Ointment 4oz, #1, DOS 04/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: LidoPro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. MTUS guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical Lidocaine or menthol for treatment of chronic neck or back. As such, this request is not considered medically necessary.