

Case Number:	CM14-0093665		
Date Assigned:	08/06/2014	Date of Injury:	05/20/2009
Decision Date:	09/12/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; psychological counseling; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated June 2014, the claims administrator denied a request for two cervical epidural steroid injections, two lumbar epidural steroid injections, and Voltaren gel. The claims administrator stated that the applicant did not have conclusive evidence of radiculopathy. The claims administrator did not state, however, whether or not the applicant had had earlier epidural injections. The applicant's attorney subsequently appealed. In a July 15, 2014 progress note, the applicant was described as already permanent and stationary. 8-9/10 neck and low back pain were appreciated. The applicant also reported issues with depression. Voltaren, Zofran, Prilosec, Flexeril, tramadol, and Wellbutrin were endorsed. The applicant's permanent work restrictions were also continued. The applicant did not appear to be working, however. On June 3, 2014, the attending provider sought authorization for two lumbar epidural steroid injections, two cervical epidural steroid injections, Voltaren gel, Flexeril, Prilosec, Wellbutrin, tramadol, and Zofran. Moderate severe pain, depression, anxiety, and gastritis were all reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection X Two (2) at the L4-5 Level: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support a series of three injections in either the diagnostic or therapeutic phase. By implication, then, the series of two injections being sought by the attending provider is likewise not recommended, as page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports predicating repeat blocks on lasting analgesia and functional improvement with earlier blocks. The series of two epidural steroid injections being sought, thus, is not recommended, for all of the stated reasons. Therefore, the request is not medically necessary.

Outpatient Cervical Positive Medial Joint Line Tenderness X Two (2) at the C7-T1 Level: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. By implication, then, the series of two epidural injections being sought by the attending provider is not indicated as it makes no provision for interval re-evaluation of the applicant between the proposed blocks so as to ensure lasting analgesia and/or functional improvement with the same. Therefore, the request is not medically necessary.

Voltaren Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac-Voltaren section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment of the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the spine, a body part for which Voltaren gel has not been evaluated. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including cyclobenzaprine, diclofenac, tramadol,

Wellbutrin, etc., effectively obviates the need for the Voltaren gel in question. Therefore, the request is not medically necessary.