MAXIMUS Federal Services

Case Number:	CM14-0193189		
Date Assigned:	11/26/2014	Date of Injury:	10/22/1982
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 patient is a 62 year old female with a date of injury of 10/22/82. The treating physician report dated 11/10/14 indicates that the patient presents with pain affecting her neck which radiates into her right arm, right hand, and lower back. The physical examination findings reveal tenderness in the cervical and lumbar spine, positive right and left straight leg test, and decreased right upper extremity. The patient rates their pain as 5/10 on a good day and 9/10 on a bad day. The patient is permanent and stationary. Prior treatment history includes C6-7 anterior fusion, nerve block injection, epidural steroid injection, chiropractic treatments, physical therapy, TENS, acupuncture, group therapy, psychology, and medications. MRI findings reveal mild C4-5 right paracentral disc protrusion and mild degenerative disc disease and spondylosis at C5-6 and C6-7. The current diagnoses are cervical myofascial pain syndrome; cervical facet arthropathy; cervical discogenic spine pain; lumbar spine pain; Headache; chronic pain; failed cervical neck surgery; and failed back surgery. The utilization review report dated 11/07/14 denied the request for compound cream with 2 refills based on an ingredient not being recommended. The utilization review report dated 11/07/14 denied the request for cervical epidural injection C7-T1, fluoroscopy, radiology, anesthesia based on there not being any documentation of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream with 2 refills: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting her neck which radiates into her right arm, right hand and lower back. The current request is for compound cream with 2 refills. The treating physician states, "Compound cream was helpful, but caused rash, she has discontinued it." The MTUS Chronic Pain Medical Treatment Guidelines state, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In this case, the treating physician has not documented what type of cream is being requested. Only certain compounded creams are allowed per guidelines. Therefore, this request is not medically necessary.

Cervical epidural injection C7-T1, fluoroscopy, radiology, anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The current request is for cervical epidural injection C7-T1, fluoroscopy, radiology, anesthesia. The treating physician stated that the patient has received previous epidural injections. The MTUS guidelines state, "Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended." MTUS goes on to state, "In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The medical records provided have not documented how many prior injections the patient has had or if they had any success from prior injection. The cervical MRI was not significant for evidence of radiculopathy. Therefore, this request is not medically necessary.