MAXIMUS Federal Services

| Case Number: | CM14-0208807 | | |
|---|---|---|---|
| Date Assigned: | 12/22/2014 | Date of Injury: | 09/28/2001 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 injured worker is a 68-year-old female, with a reported date of injury of 09/28/2001. The results of the injury were neck pain, upper back pain, shoulder pain, and right hand pain. The current diagnoses include cervical intervertebral disc degeneration, cervical pain, cervical radiculopathy, and reflex sympathetic dystrophy. The past diagnoses include cervical intervertebral disc degeneration, cervical pain, cervical radiculopathy, and reflex sympathetic dystrophy.Treatment have included an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities on 06/06/2014, which showed moderate to severe C5-6 motor radiculopathy with mild active denervation and with the left side being worse. A cervical transforaminal epidural steroid injection was attempted on 08/28/2014 but was abandoned due to technical difficulty. MRI of the cervical spine on 03/25/2014, with showed grade 1 retrolisthesis of C4 with respect to C5; and radiologic study of the right shoulder on 03/25/2014, which showed mild degenerative changes with mild bony hypertrophic change of the left greater tuberosity and acromioclavicular joint.The medical record dated 11/03/2014 indicates that the injured worker returned for a two month follow-up for cervical spine pain, radiating to the upper back/shoulders and right had pain. The injured worker needed medication refills. She rated her pain 7 out of 10. The physical examination of the cervical spine showed decreased range of motion, tenderness in all planes, diminished strength and tone due to head and neck pain, and stiffness and tenderness at the left paravertebral from C4-C7. The treating physician did not indicate the rationale for the requested treatments.On 11/11/2014, Utilization Review (UR) denied the request for a cervical transforaminal epidural steroid injection using

catheter technique of C4-C5 bilaterally including epidurography, radiography, anesthesia and Flector (diclofenac epolamine) 1.3% patch 12 hour, one (1) patch to skin every 24 hours. The UR physician noted that there was no documentation of functional benefit or reduction in medication following the previous cervical epidural steroid injection. The UR physician also noted that there was no documentation of a diagnosis of osteoarthritis or tendinitis or a rationale as to why the injured worker required topical non-steroidal anti-inflammatory drugs (NSAIDs) versus traditional oral agents.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Transforminal Epidural Steroid Injection using catheter techniques of C4-C5 bilaterally (including epidurography, radiography, and anesthesia:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Pain Chapter.Neck and Upper Back. Epidural Injections.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of cervical radiculopathy when conservative treatments with medications and PT have failed. The records indicated subjective, objective, MRI and EMG/NCV reports consistent with cervical radiculopathy. The patient had completed and failed conservative treatments with medications and PT. A previous attempt at cervical epidural steroid injection on 8/28/2014 was abandoned due to technical difficulties. The criteria for cervical transforaminal epidural steroid injection using catheter technique at C4-C5 bilateral including epidurography , radiography and anesthesia was met.

**Flector (Diclofenac epolamine) 1.3 % patch 12 hr, 1 patch to skin every 24 hrs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 67-73, 111-113 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs. Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with cardiac, renal and gastrointestinal complications. The guidelines recommend that topical NSAIDs can be utilized when pain is limited to a single area and the patient is intolerant of oral NSAIDs. The chronic use of topical NSAIDs is associated with rapid development of tolerance and decreased efficacy. The records indicate that the pain is not limited to a single area. The patient complained of chronic pain in multiple body regions. There is no

documentation of intolerant to oral NSAIDs. The criteria for the use of Flector patch (Diclofenac epolamine1.3%) every 12hrs was not met.