

Case Number:	CM15-0102184		
Date Assigned:	06/17/2015	Date of Injury:	09/01/2014
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64-year-old female, who sustained an industrial injury on September 1, 2014. She reported right upper extremity pain and numbness. The injured worker was diagnosed as having cervical radiculopathy and lumbar radiculopathy. Treatment to date has included diagnostic studies, home exercises, medications and work restrictions. Currently, the injured worker complains of right upper extremity pain and numbness with associated tingling and frequent dropping of items. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 17, 2005, revealed pain as noted. Evaluation on April 22, 2015, revealed continued pain as noted with associated symptoms. It was noted carpal tunnel release was recommended however, she wished to find an alternate surgeon before proceeding. The physician requested a cervical epidural steroid injection and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C5-7: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for neck and left upper extremity pain. When seen, she was having increasing pain. Physical examination findings included decreased cervical spine range of motion with pain and positive Spurling's testing. There was decreased right upper extremity strength and sensation. She was having hand numbness and tingling and a carpal tunnel release was being planned. An MRI of the cervical spine included findings of multilevel moderate to severe canal and foraminal stenosis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs with decreased upper extremity strength and sensation and imaging have shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. The criteria are met and the requested epidural steroid injection is considered medically necessary.

Voltaren Gel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for neck and left upper extremity pain. When seen, she was having increasing pain. Physical examination findings included decreased cervical spine range of motion with pain and positive Spurling's testing. There was decreased right upper extremity strength and sensation. She was having hand numbness and tingling and a carpal tunnel release was being planned. An MRI of the cervical spine included findings of multilevel moderate to severe canal and foraminal stenosis. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (Diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the wrist and hand amenable to topical treatment. No oral NSAID is being prescribed. The requested medication was medically necessary.