

Case Number:	CM15-0218734		
Date Assigned:	11/10/2015	Date of Injury:	03/12/2001
Decision Date:	12/23/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was diagnosed as having cervical degenerative disc disease with stenosis at C4-C5 and C5-C6, and L4-L5 right sided moderate stenosis and history of prior L5-S1 laminectomy and microdiscectomy (2004). Treatment to date has included diagnostics, lumbar spinal surgery, physical therapy, cervical epidural steroid injection, and medications. On 9-18-2015, the injured worker complains of persistent neck pain with radiation along the radial side of the right arm, rated 7 out of 10 (rated 7-8 out of 10 on 7-27-2015, rated 6 out of 10 on 4-09-2015). She reported having a cervical epidural steroid injection one year prior through her private insurance, with 70-80% improvement in her pain for approximately 8 months. She also reported low back pain with radiation along the lateral right thigh and leg, accompanied by burning and numbing along the lateral thigh, calf, and dorsum of foot. She also reported some right foot weakness and had pain and discomfort with prolonged sitting and bending. She reported currently working. Current medication regimen was not noted but included Norco, Ambien, and Nexium (per the PR2 report dated 7-27-2015. Exam of the cervical spine noted positive Spurling's sign on the right and 4 of 5 strength in the right biceps. Exam of the lumbar spine noted positive straight leg raise on the right, 4 of 5 strength in the right extensor hallucis longus, and decreased sensation to the lateral and dorsal right ankle and foot. Electromyogram and nerve conduction studies (8-04-2015) for the bilateral upper extremities showed right mild to moderate compression of the median nerve at the carpal tunnel. The treating physician recommended consultation for pain management consultation for cervical epidural steroid injection at C5-C6 levels and lumbar epidural injection at L4-L5 levels, along with topical compound medication. On 10-19-2015 Utilization Review non-certified a request for pain management consultation regarding LESI L4-L5 and CESI C5-C6 and Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% cream #180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation regarding LESI L4-L5 and CESI C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (text, page 127).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level in either the cervical or lumbar spine. Moreover, MTUS recommends ESI injections primarily early in the course of an injury in order to facilitate early functional restoration; the guidelines and records do not provide a rationale for meaningful benefit from an ESI in this chronic setting for an injury dating to 2001. Since an ESI is not medically necessary, it follows that a pain consult for such a procedure is not medically necessary. Thus, overall this request is not medically necessary.

Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% cream #180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, MTUS specifically does not recommend Baclofen for topical use. This request is not medically necessary.