

<b>Case Number:</b>	CM14-0119745		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 60-year-old female who reported an injury on 05/20/2009 reportedly when she slipped on a piece of produce on the floor injuring her neck and lower back. The injured worker's treatment history included MRI studies, drug screen, medications, and topical medications. The injured worker had undergone MRI of the lumbar spine on 12/16/2009 that revealed spondylosis most severe at L1-2 and L4-5 levels. The injured worker had undergone MRI of the cervical spine on 12/16/2009 that revealed diffuse cervical spondylosis most severe at C5-6 and C6-7 levels. The injured worker was evaluated on 07/15/2014 and it was documented the injured worker complained of neck pain and lower back pain that were unchanged with moderate to severe pain rated at 8/10 to 9/10 that was constant, dull pain. She continued to be depressed secondary to her chronic neck and lower back pain. Objective findings of the cervical spine revealed negative Spurling's test, positive tenderness in the par cervical musculature, positive muscle spasm in the par cervical musculature. Motor testing was 5/5 to all muscle groups of the upper extremities. Range of motion of the cervical spine flexion chin to chest was 30 degrees, extension was 30 degrees, lateral bend was 30 degrees, right lateral bend/left lateral bend was 30 degrees, and left/right rotation was 30 degrees all with pain. The lumbar spine/thoracic spine examination revealed gait was within normal limits with negative tenderness in the parathoracic musculature and positive tenderness in the SI joints. The left side Patrick's test was positive and positive straight leg raise, and slightly positive on left side. Walking on tip toes was performed without difficulty. Walking on heels was performed without difficulty. Diagnoses included cervical strain, bilateral upper extremities radiculitis/neuropathic pain, lumbar strain rule out disc herniation, bilateral lower extremities radiculitis/neuropathic pain, and depression. The request for authorization dated 05/21/2014 was for lumbar epidural

injection at L4-5 level, Voltaren gel, and cervical positive medial joint line epidural steroid injection at C7-T1 level.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar epidural Injections x 2 at the L4-5 level: Upheld**

**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 Epidural Steroid Injections (ESIs), Page(s): 46.

**Decision rationale:** The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen and pain medication management or the outcome measurements for the injured worker. On examination, it was noted that the injured worker does not have findings of radiculopathy as required per the guidelines. As such, the request for lumbar epidural injections x 2 at the L4-5 level is not medically necessary.

#### **Volatren Gel: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Voltaren Gel 1 %, Page(s): 112.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines state that Voltaren gel 1% (Diclofenac) is recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The documents submitted lacked outcome measurements of pain medication management and a home exercise regimen. In addition, the request lacked frequency, dosage, duration, and location where the medication is supposed to be applied for the injured worker. There is no indication that the injured worker cannot tolerate oral medication or that she has failed first line of treatment. As such, the request for Voltaren gel is not medically necessary.

#### **outpatient Cervical Positive medial joint line tenderness x 2 at the c7-T1 level: Upheld**

**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 Epidural Steroid Injections (ESIs Page(s): 46.

**Decision rationale:** The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen and pain medication management or the outcome measurements for the injured worker. On examination, it was noted the injured worker does not have findings of radiculopathy as required per the guidelines. Additionally, the request that was submitted failed to indicate what type of injection is required for the injured worker. As such, the request for outpatient cervical positive medial joint line tenderness x2 at the C7-T1 level is not medically necessary.