

Case Number:	CM14-0124565		
Date Assigned:	09/16/2014	Date of Injury:	03/04/2012
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Interventional Spine 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 44-years old female with an injury date on 03/04/2012. Based on the 07/14/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. Right shoulder s/s impingement syndrome (s/p right shoulder arthroscopy) 2. Lumbar spine strain/strain, L4-5 disc bulge L4-5 According to this report, the patient complains of low back pain that radiates down to the right leg. The patient denies of having paresthesia and weakness. Sitting, standing, and walk are limited; the patient has to change position often due to pain. Lumbar range of motion is decreased. Deep tendon reflex of the right Achilles is a +1/4. Straight leg raise is positive causing pain to the back, buttock, and thigh. MRI of the lumbar spine on 03/14/2014 reveals disc bulge and posterior vertebral ridging prominent centrally contacting thecal sac without significant central stenosis and mild degenerative facet change with mild foraminal narrowing at L4-L5. There were no other significant findings noted on this report. The utilization review denied the request on 07/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/24/2014 to 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (Lumbar Epidural Steroid Injections) L4-5Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN CHAPTER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections: Page(s): 46,47.

Decision rationale: According to the 07/14/2014 report by [REDACTED] this patient presents with back pain that radiates down the right leg. The treater is requesting LESI (Lumbar epidural steroid injections) at L4-5. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." Review of the reports do not mentions of other epidural steroid injections being done in the past. While this patient presents with radiating pain down the right leg, they are not described in any specific dermatomal distribution to denote radiculopathy or nerve root pain. MRI of L-spine indicates a disc bulge with no stenosis at L4-L5. MRI does not appear to show specific findings that would corroborate the patient's leg symptoms. The requested LESI at L4-5 does not meet the guidelines requirement. Therefore, LESI (Lumbar Epidural Steroid Injections) L4-5 Quantity: 1 is not medically necessary.

Flector Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN CHAPTER

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

Decision rationale: According to the 07/14/2014 report by [REDACTED] this patient presents with back pain that radiates down the right leg. The treater is requesting Flector patches #30. Flector patches contain diclofenac, a NSAID. Regarding topical NSAID, MTUS guidelines states "FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated 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." In this case, the patient does not meet the indication for the topical medication as she does not present with a diagnosis for peripheral joint arthritis. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Flector Patches #30 is not medically necessary.

Licoderm Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN CHAPTER

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

Decision rationale: According to the 07/14/2014 report by [REDACTED] this patient presents with back pain that radiates down the right leg. The treater is requesting Licoderm patches #30. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has lumbar neuropathic pain but this is not a localized condition. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Licoderm Patches #30 is not medically necessary.