

Case Number:	CM14-0131601		
Date Assigned:	09/19/2014	Date of Injury:	06/17/2008
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 41-year-old male with a 6/17/08 date of injury. The mechanism of injury occurred when a coworker dropped a number of large pipes on his neck and shoulder from a forklift truck. According to a progress report dated 5/14/14, the patient complained of worsening left shoulder pain radiating down the left upper extremity to the little finger of the left hand. His pain was worse with movements of the head, neck, left shoulder, and left arm. According to this note, and MRI of the cervical spine dated 4/23/14 revealed Chiari 1 malformation with 2.5cm downward cerebellar tonsillar herniation, small associated left paracentral holocord syrinx, minimal spondylosis without stenosis from C3-4 through C5-6. Objective findings: limited cervical and lumbar range of motion, mild tenderness in the midline of the cervical spine, normal sensation to light touch of right upper and lower extremities, reduced sensation to light touch extending from the shoulder to the left middle finger. Diagnostic impression: left shoulder pain, cervical degenerative disc disease. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 8/8/14 denied the requests for Voltaren gel and Cervical ESI. Regarding Voltaren gel, there is no documentation of osteoarthritis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Regarding cervical ESI, more information is required confirming the levels in which the CESI will be performed on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation that the patient has arthritic pain. Most of the patient's complaints are related to the shoulder area. Guidelines do not support the use of Voltaren Gel for shoulder pain. In addition, there is no documentation that the patient is unable to tolerate oral NSAIDs to justify the need for a topical NSAID. Therefore, the request for Voltaren Gel 1% #3 was not medically necessary.

Cervical Epidural Steroid Injection: Upheld

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 Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. In the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. It is noted that the patient had a cervical MRI performed on 4/23/14, however, the MRI report was not provided for review. It is documented that the patient has reduced sensation of the left upper extremities, however, the specific nerve distribution was not noted. In addition, the levels of the cervical ESI requested were not noted. Therefore, the request for Cervical Epidural Steroid Injection was not medically necessary.