

Case Number:	CM15-0107749		
Date Assigned:	06/12/2015	Date of Injury:	10/24/2006
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old male who sustained an industrial injury on 10/24/06. The injured worker was diagnosed as having cervical radiculopathy and lumbar radiculopathy. Currently, the injured worker was with complaints of pain in the neck, low back and ongoing headaches. Previous treatments included epidural steroid injection, transcutaneous electrical nerve stimulation unit and medication management. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 6-9/10. Physical examination was notable for tenderness to the cervical spine at C4-7 with limited range of motion due to pain, tenderness to palpation to the spinal vertebral area at L4-S1 with limited range of motion due to pain. The plan of care was for epidural steroid injection and medication prescriptions. No detailed neurological changes in the upper extremities is documented. No change in medications after the prior epidural injection is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C7 cervical epidural steroid injection under fluoroscopy: 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 Epidural injections Page(s): 46.

Decision rationale: Due to the uncertain benefits from epidural injections, MTUS Guidelines have very specific criteria to justify their use on an initial or repeat basis. These Guideline standards are not met in this individual. The Guidelines state that there should be a clear radiculopathy that follows a dermatomal pattern. The requesting physician states does not demonstrate that this is present with an adequate neurological exam. An AME examination performed near the time of this request clearly documents no dermmatomal loss of muscle function and no loss of sensory function in the upper extremities. In addition there is no change in medication use or improvement in objective functional limitations associated with the prior epidural. Under these circumstances, the requested Bilateral C5-C7 cervical epidural steroid injection under fluoroscopy is not supported by Guidelines and is not medically necessary.

Lidocaine 5% ointment three times daily #120: Upheld

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

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

Decision rationale: The MTUS Guidelines are very specific regarding the use of topical Lidocaine. Its use is not recommended for spinal conditions and the only delivery system recommend is Lidoderm patches. Use of Lidocaine ointments is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The use of Lidocaine 5% ointment three times daily #120 is not supported by Guidelines and is not medically necessary.