MAXIMUS Federal Services

Case Number:	CM15-0041328		
Date Assigned:	03/11/2015	Date of Injury:	08/15/2012
Decision Date:	05/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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, Public Health & General Preventive 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 52-year-old female who reported an injury on 08/15/2012. The mechanism of injury was not stated. The current diagnoses include bilateral thoracic outlet syndrome, bilateral shoulder internal derangement, left shoulder degenerative joint disease, cervical spine degenerative joint disease, and mild hypertrophy of the left ventricle. The injured worker presented on 01/29/2015 for a follow-up evaluation. The provider indicated there had been no change in the physical examination. The injured worker reported an improvement in symptoms with previous chiropractic therapy. Recommendations included an MRA of the bilateral shoulders to evaluate for internal derangement. A formal course of physical therapy for the cervical spine was also recommended, as well as trigger point injections. A Request for Authorization form was then submitted on 02/06/2015 for a second cervical epidural injection and a compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second cervical epidural steroid injection under fluoroscopy guidance at level C7-T1:
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 rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, there was no documentation of cervical radiculopathy upon examination. There was also no evidence of a significant functional improvement following the initial procedure to support the necessity for a second injection. Given the above, the request is not medically appropriate.

Flurbiprofen 20%, Capsaicin 0.025%, Methyl Salicylate 4% in Lidoderm base: Upheld

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

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Lidocaine is not recommended in the form of a cream, lotion, or gel. Capsaicin 0.025% is recommended for treatment of osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. In addition, there was no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.