

Case Number:	CM14-0153285		
Date Assigned:	09/22/2014	Date of Injury:	04/21/2003
Decision Date:	10/16/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 female with date of injury 4/21/2003. Per primary treating physician's narrative progress report treatment under future medical care dated 9/5/2014, the injured worker complains of neck pain with associated headaches on the right radiating down arm numbness in the 4th and 5th digits. She was having a flare up of her cervical spine with constant pain at 8-9/10. Headaches are an occasional to frequent pain level 3-4/10. Right wrist and thumb pain were an occasional to intermittent pain level 5/10. Right elbow pain was a frequent pain level 7-8/10 with numbness in the 4th and 5th fingers. On examination right hand dynamometer was 20, 18, 16 kg and now is improved at 26, 26, 26 kg. Left hand dynamometer was 22, 22, 20 kg and now is 24, 20, 18 kg. Pinwheel showed abnormal C8 with decreased on the right ulnar nerve distribution (4th and 5th digit numbness) now back to normal. Provocation for cubital tunnel is positive. Patient has a positive Finkelstein's test. Right wrist range of motion was reduced for dorsiflexion and radial deviation, and there was pain in all motions on the right. Diagnoses include 1) cervical myofascitis 2) right C6 radiculopathy 3) cervicogenic muscle tension headaches 4) epicondylitis, lateral elbow 5) radial tunnel syndrome right proximal forearm 6) cubital tunnel syndrome on the right 7) internal derangement of right wrist and hand 8) deQuervains syndrome, tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain specialist consultation for series of 3 cervical epidurals: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section, Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 5) No more than two nerve root levels should be injected using transforaminal blocks 6) No more than one interlaminar level should be injected at one session 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year 8) No more than 2 ESI injections. The requesting physician explains that the injured worker has previously received injections, and had one pre-approved injection remaining but due to being pregnant was not able to complete and approval expired. She had MRI of cervical spine that suggested mild right C6 radiculopathy. A request for a series of three injections, however, is not consistent with the recommendations of the MTUS Guidelines. The request for 1 pain specialist consultation for series of 3 cervical epidurals is determined to not be medically necessary.

1 referral to a hand specialist consultation for opinion on possible surgical intervention and/or cortisone injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requesting physician explains that she may need surgical intervention and/or cortisone injection. Electrodiagnostic report suggested probably right ulnar nerve neuropathy at the cubital tunnel. This is not a request

for surgery or other procedure. Medical necessity has been established within the recommendations of the MTUS Guidelines.