MAXIMUS Federal Services

Case Number:	CM13-0034426		
Date Assigned:	12/06/2013	Date of Injury:	12/01/2001
Decision Date:	01/31/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [redacted] employee who has filed a claim for chronic ulnar neuropathy, thoracic outlet syndrome, carpal tunnel syndrome, shoulder pain, anxiety, and depression associated with an industrial injury that took place on December 1, 2001. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, right cubital tunnel release surgery, a Guyon's canal decompression surgery, medial and lateral epicondylar repair surgery, wrist TFCC repair surgery, psychological counseling, anxiolytic medications, psychotropic medications, a largely negative MRI of the left shoulder (May 21, 2013) which was notable for mild tendinosis, and extensive periods of time off of work. A progress note dated September 8, 2013 notes that the applicant has persistent chronic pain issues. She describes deep forearm pain. She has a fear of re injury, and is tearful and anxious. She is status post multiple steroid injections. She has also used acupuncture. She is presently using Norco, Cymbalta, Soma, and Klonopin. She has not worked since August 2002. Multiple tender points are appreciated about the scapula. She has giveaway weakness appreciated about the upper extremity. There appears to be some deranged sensorium about digits one through three about the hand. The applicant is asked to obtain medication refills, to employ acupuncture, try topical compounded creams, obtain trigger point injections, try occupational therapy, and restart Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

pulsed radiofrequency injections to the ulnar nerve: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: It is not clearly stated precisely what the pulsed radiofrequency ulnar nerve injection represents. As noted in the MTUS-adopted ACOEM Guidelines in chapter 10, glucocorticoid injections are recommended for medial epicondylalgia, which is sometimes thought to occur concomitantly with ulnar neuropathy at the elbow. In this case, however, no clear diagnosis or operating diagnosis has been established by the attending provider. The applicant has diagnoses of cubital tunnel syndrome, medial and lateral epicondylitis status post repair surgery, wrist pain status post TFCC surgery, anxiety, depression, brachial plexopathy, cervical radiculopathy, and thoracic outlet syndrome. All of these diagnoses, taken together, imply a lack of clarity. The applicant's present symptoms of "deep forearm pain" do not appear to be consistent with an active ulnar neuropathy. There is no clear electrodiagnostic evidence of residual ulnar neuropathy following prior cubital tunnel release surgery. Moreover, the applicant has had prior injection therapies over the life of the claim and has failed to profit from them. Given the lack of diagnostic clarity and fact that the applicant has had prior unspecified numbers of injections at various points over the life of the claim, the pulsed radiofrequency injections to the ulnar nerve are not certified.

Botox injections to the neck and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for the treatment of chronic pain syndrome. They are not recommended for myofascial pain syndrome, either. While Botox injections are recommended in the treatment of cervical dystonia, in this case, there is no clear operating diagnosis, and there is no clear evidence of cervical dystonia. Several diagnoses have been proffered by the attending provider, none of which appear to be accurate. Given the lack of diagnostic clarity and the fact that the applicant has failed to respond favorably to prior unspecified numbers and types of injections over the life of the claim, the proposed Botox injections are also not certified.