

Case Number:	CM13-0036453		
Date Assigned:	12/13/2013	Date of Injury:	07/25/2012
Decision Date:	02/10/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery 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 patient is a 53-year-old female who was injured on 07/25/12. The clinical records for review indicated that recent electrodiagnostic studies of the upper extremities dated 08/08/13 showed evidence of entrapment of the median nerves bilaterally at the wrists in a mild to moderate fashion consistent with carpal tunnel syndrome. There was no electrophysiological evidence to support a radiculopathy to the upper extremities. Lower extremity electrodiagnostic studies from the same date suggested a left S1 radiculopathy. Prior imaging also included a 08/08/13 MRI of the lumbar spine showing a 4 mm disc protrusion, left paracentral in nature, at the L5-S1 level with left greater than right impingement at the L5-S1 exiting nerve roots. The cervical spine MRI of 08/08/13 showed right sided paracentral disc protrusion at C5-6 and C6-7 resulting in right greater than left impingement. A recent clinical progress report of 09/09/13 showed continued complaints of neck, low back, and wrist pain. Physical examination documented moderate tenderness of the cervical spine on palpation as well as tenderness of the lumbar spine with a positive straight leg raise and hyperesthesias to the calf and an ankle reflex bilaterally. The upper extremities had hyperesthesias to the radial half of the left hand with tenderness to carpal region of the wrist. Clinical requests for a bilateral carpal tunnel release procedure, a lumbar epidural steroid injection, and a cervical epidural steroid injection were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, bilateral carpal tunnel release procedures would appear warranted. The claimant's current clinical presentation indicates positive physical examination findings of radial changes to the digits as well as electrodiagnostic evidence of moderate compression bilaterally. This specific request in this case would appear to be medically necessary.

Lumbar Steroid Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, epidural injection to the lumbar spine would also be necessary. MTUS Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies. The records in this case indicate compressive pathology at the L5-S1 level on imaging, a positive left sided S1 radiculopathy on electrodiagnostic studies and an examination that demonstrates hypoesthesias changes to the calf. The above would necessitate the role of a lumbar epidural injection based on the clinical findings.

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines indicate the cervical epidural injections need to be supported by radiculopathy documented by physical examination and corroborated by imaging or electrodiagnostic testing. The records in this case fail to demonstrate a radicular process to the upper extremities and also document that electrodiagnostic studies fail to show a cervical radicular process. This specific request would not be indicated.