

Case Number:	CM13-0051082		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2007
Decision Date:	04/18/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine & Rehabilitation, 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:

This 60 year-old male sustained an injury on 7/24/07 while employed with [REDACTED]. Diagnoses include chronic left wrist pain s/p proximal row carpectomy; chronic right ankle sprain, and bilateral rotator cuff tendonitis. A report of 5/30/13 from a hand surgeon consult noted the patient was involved in a motor vehicle accident with injury to his left wrist. He had extensive MRIs, CT scans, and underwent left wrist proximal row carpectomy on 2/8/11. Pain control was maintained by OxyContin. Co-morbidity include diabetes and smoking history. Treatment discussed surgical option to consider wrist arthrodesis, total wrist replacement or capsular interposition arthroplasty, however, prognosis is very guarded; it was felt the soft tissue mass is unrelated industrially and should receive any treatment under private insurance. Plan included reviewing previous CT scans and MRI, along with proceeding with nerve studies. A hand surgeon report dated 7/11/13 noted the patient with diagnoses of a history of left wrist injury s/p proximal row carpectomy (2/8/11); and soft tissue tumor volar surface middle phalanx left ring finger. Work status was unchanged and treatment plan was to transfer care to another hand surgeon in same group who will be the new primary. Report of 7/26/13 from the provider noted the patient went to the ER for severe low back pain. He saw two new hand surgeons who both feel the patient has had too many bones removed from the hand to make a good result from another surgery. Exam of bilateral upper extremity noted presence of scar on left with bilateral tenderness, positive Finkelstein's, Phalen's, and Tinel's in both upper extremities with joint swelling on right. There was no exam of the low back. Diagnoses were lumbago, low back pain; wrist/forearm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION LEFT S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which is not provided here. In addition, to repeat a lumbar epidural steroid injection (LESI) 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. Submitted reports have not demonstrated any functional improvement derived from the LESI. Criteria for the LESI have not been met or established. The request is therefore not medically necessary and appropriate.

MRI LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM Guidelines' criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, a review of the submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study, according to the ACOEM Guidelines. The request for an MRI of the left wrist is not medically necessary and appropriate.

REFERRAL TO HAND SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, INDEPENDENT MEDICAL EXAMINATION IN CONSULTATIONS, CHAPTER 7, PAGE 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: According to the medical records provided for review, the patient has had multiple hand surgical consultations and is currently under the care of a hand specialist for continuity of care. Submitted reports have not demonstrated the indication for another hand surgical consult. The request for a hand surgeon referral is not medically necessary and appropriate.