

Case Number:	CM13-0057587		
Date Assigned:	04/18/2014	Date of Injury:	12/30/2010
Decision Date:	06/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 patient is a 56-year-old male who has submitted a claim for bilateral carpal tunnel syndrome, cervical spondylosis, chronic neck pain with degenerative disc disease and radiculopathy associated with an industrial injury date of December 30, 2010. Medical records from 2011-2013 were reviewed, the latest of which dated October 11, 2013 revealed that the patient complains of neck and back pain. He also complains of constant pain in the upper extremities. He reports that the pain radiates to the upper and lower extremities. The patient also complains of pain, numbness, and tingling in the hands. On physical examination, there is tenderness and spasm over the trapezius and cervical paravertebral muscles. There is limitation in range of motion in flexion to approximately 20 degrees and extension to approximately 20 degrees. Treatment to date has included epidural steroid injection, steroid injection to the carpal tunnel region, wrist brace, home exercise program, and medications which include Lortab, Vicodin ES, Voltaren XR, Terocin lotion and topical compound creams. Utilization review from October 31, 2013 denied the request for STEROID INJECTION TO THE RIGHT WRIST because there is no clear evidence that the claimant has tried and failed conservative treatment to address the right wrist pain and deficits as majority of the complaints are coming from the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID INJECTION TO THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, 4th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Injections

Decision rationale: The CA MTUS does not specifically address the topic on ca. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Section, was used instead. ODG recommends a single injection as an option in conservative management. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. In this case, steroid injection to the right wrist was requested to address the symptoms of tingling and numbness as well as noted tenderness and spasm. The patient had a previous steroid injection to the carpal tunnel region; however, the outcome is unknown due to lack of documentation. The most recent clinical evaluation has insufficient findings that warrant further treatment for the right wrist. Furthermore, there is no documentation of failure of conservative therapy. The medical necessity of steroid injection was not established. Therefore, the request for Steroid Injection to the Right Wrist is not medically necessary.