

Case Number:	CM14-0014082		
Date Assigned:	02/21/2014	Date of Injury:	04/11/2013
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy; cervical epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 29, 2014, the claims administrator approved a request for a trial C3 through C4 epidural steroid injection while denying an ulnar nerve injection. The claims administrator suggested that the applicant first obtain the epidural steroid injection in question before considering the ulnar nerve injection. In a January 20, 2014 progress note, the applicant was described as reporting persistent neck pain, shoulder pain, headaches, mid back pain, and low back pain. The applicant was apparently pending knee surgery. The applicant reported 3-9/10 pain. The applicant was having ongoing complaints of neck pain and headaches radiating to left arm. The applicant was on Naprosyn, Motrin, Flexeril, Prilosec, and Zofran. A positive Spurling maneuver is noted with some numbness about the digits and diminished grip strength about the left hand. Cervical epidural steroid injection therapy and physical therapy were sought. In an earlier note of December 18, 2013, the applicant was described as having ongoing issues with numbness, tingling, and paresthesias about the left arm with associated alteration in mood. The applicant did have diminished sensorium about the left forearm, positive Spurling maneuver, and a positive Tinel sign in the cubital tunnel. Authorization for an epidural steroid injection and ultrasound-guided ulnar nerve injection were sought. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ULNAR NERVE INJECTION WITH ULTRASOUND GUIDANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Ulnar Neuropathy section.

Decision rationale: The MTUS does not address the topic of corticosteroid injections for ulnar neuropathy, one of the diagnoses suspected here. However, as noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against the use of either oral or injectable corticosteroids for treatment of chronic ulnar neuropathies, as are present here. ACOEM further notes that injecting steroids into the cubital tunnel could potentially cause nerve damage. In this case, there is considerable lack of diagnostic clarity. The bulk of the information on file seemingly suggests that the applicant carries a diagnosis of cervical radiculopathy for which cervical epidural steroid injection therapy has been endorsed. There is comparatively little or no mention made of the applicant's suspected ulnar neuropathy and/or elbow issues. The request is not indicated both owing to the tepid ACOEM recommendation as well as owing to the considerable lack of diagnostic clarity here. Accordingly, the request is not medically necessary.