

<b>Case Number:</b>	CM14-0130080		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 44-year-old female who reported an injury on 12/06/2013. The mechanism of injury was noted to be a slip and fall landing on her thumb. The injured worker's diagnosis was noted to be right thumb partial injury to the ulnar collateral ligament proximal insertion, currently without evidence of instability. Prior treatments were noted to be medications and therapy. Diagnostic testing includes x-rays and an MRI. No prior surgeries were noted on the documentation submitted for review. A clinical evaluation on 07/29/2014 noted the injured worker with subjective complaints of thumb pain; she rated her pain a 3/10. The objective findings noted the injured worker's right thumb showed she was wearing a brace. It had good capillary refill. She had good movement with pain in the thumb and down into the base of the thumb and running up towards her wrist. There was no discoloration, deformity, erythema, or edema. All senses were intact. Ambulation was without assist, comfort, or distress. The treatment plan includes recommendations to followup with the original hand center, work clearance, she may wear her splint while at work, and followup with the office in 3 to 4 weeks for a clinical review. The provider's rationale for the request was not noted within the documentation. The Request for Authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection to right thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The request for Epidural Steroid Injection to right thumb is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for the use of epidural steroid injection includes purpose to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The injured worker's clinical evaluation had an objective note regarding the thumb. It was not indicated that there was impaired range of motion or inflammation. The provider's request fails to indicate the use of an epidural steroid injection with fluoroscopy for guidance. As such, the request for Epidural Steroid Injection to right thumb is not medically necessary.