

Case Number:	CM14-0158181		
Date Assigned:	10/01/2014	Date of Injury:	10/17/2012
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 29-year-old male with a date of injury of 10/17/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar strain. 2. Chronic low back pain greater than 10 months, rule out internal disk derangement. 3. Right forearm intersection syndrome. According to progress report 08/29/2014, the patient complains of burning and tingling in his low back as well as right wrist pain. Examination of the lumbar spine revealed full range of motion and good strength in both lower extremities. Examination of the wrist revealed tenderness over the right dorsal wrist. There is also some tenderness at the origin of his right lateral epicondyle and the patient notes discomfort with resisted wrist extension. The treater is requesting 10 sessions of work conditioning and a right wrist steroid injection. Utilization review denied the request on 09/23/2014. Treatment reports from 04/11/2014 through 08/29/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of work conditioning with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Guidelines recommend work hardening programs Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines under the low back chapter

Decision rationale: This patient presents with continued low back and right wrist pain. The treater recommends that the patient engage in a work conditioning program where he can learn to pull, push, lift, and carry while strengthening his back and supporting musculature and overcome his fear of pain. The treater requests 10 initial sessions. He further states that "I am not requesting a work hardening program that is outlined in California Medical Treatment Utilization Schedule (MTUS) Guidelines. I am simply asking for a work conditioning program which is extended physical therapy based on an exercise program." The American College of Occupational and Environmental Medicine (ACOEM) and California MTUS Guidelines do not discuss work hardening/work conditioning programs. Official Disability Guidelines (ODG) Guidelines under the low back chapter has the same criteria for both work conditioning and work hardening programs. The California MTUS Guidelines page 125 recommend work hardening programs as an option and require specific criteria to be met for admission including work-related musculoskeletal condition with functional limitation, trial of PT with improvement followed by plateau, nonsurgical candidate, defined return to work goal agreed by employer and employee, etc. A defined return to work goal is described as, (A) a documented specific job to return to with job demands that exceeds abilities, or (B) documented on the job training. Furthermore, "approval of this program should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, a screening process prior to consideration has not taken place. Furthermore, there is no evidence that there is a specific job to return to. The requested treatment is not medically necessary and appropriate.

Right Wrist Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines chapter under wrist/hand

Decision rationale: This patient presents with chronic low back pain and right wrist pain. The treater is requesting a right wrist steroid injection at the intersection of his first and second dorsal compartments where he has some inflammation. The ACOEM Guidelines page 265 states, "most invasive techniques such as needle acupuncture and injection procedures have insufficient high quality evidence to support their use. The exemption is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistance to conservative therapy for 8 to 12 weeks. ODG Guidelines under its wrist/hand chapter has the following, "recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection." The treater has noted that the patient is finishing up his

last few sessions of occupational therapy and since significant benefit has not been noted, he would like to try one steroid injection injected to patient's right wrist. In this case, utilization review denied the request stating that there is limited documentation of trialed physical therapy for the right wrist to support an initial injection. On the contrary, [REDACTED] states in his progress report that the patient has completed all but 1 or 2 occupational therapy sessions with no benefit. Given patient's continued pain, an initial steroid injection to the right wrist is within guidelines and treatment is medically necessary and appropriate.