

Case Number:	CM14-0158386		
Date Assigned:	10/01/2014	Date of Injury:	07/15/2010
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 64 years old female with an injury date on 07/15/2010. Based on the 08/29/2014 progress report provided by [REDACTED], the patient complains of bilateral wrist pain and achy. The 08/20/2014 report indicates a decreased sensation to light touch over the right shoulder, right thumb tip, right long tip, and right small tip. Physical exam findings were not included in the reports for review. The patient's diagnoses are: 1. Cervical spine disc bulge2. Thoracic spine disc bulge3. Left carpal tunnel syndrome surgery (08/29/2011)4. Right carpal tunnelThere were no other significant findings noted on this report. The utilization review denied the request on 09/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/06/2013 to 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 46, 47.

Decision rationale: According to the 08/29/2014 report by [REDACTED] this patient presents with bilateral wrist pain and achy. The provider must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports does not show the patient had prior epidural steroid injections. In this case, the patient does not present with radiculopathy documented by exam and there were no imaging studies and/or electrodiagnostic testing provided. The patient does not present with an indication for an ESI. MTUS further states, "there is insufficient evidence to make any recommendation for the use of Epidural Steroid Injections to treat radicular cervical pain." Therefore, this request is not medically necessary.