

Case Number:	CM14-0042003		
Date Assigned:	06/27/2014	Date of Injury:	05/23/2002
Decision Date:	10/10/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 48-year-old female who reported an injury on 05/23/2002 due to cumulative injuries sustained while at work. The injured worker complained of right hand, arm, shoulder, and neck pain. The injured worker had diagnoses of complex regional pain syndrome. The diagnostics included x-rays, electromyography, and nerve conduction studies. The past treatments included medication and physical therapy. The medications included Motrin and Nexium. The physical examination dated 03/03/2014 was not available. The treatment plan included an injection for the right upper extremity. Request for authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid/Anesthetic injection brachial plexus bilateral-right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35-41.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The California MTUS/ACOEM indicate most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support

their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. De Quervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Per the clinical documentation, the physical examination was vague. As such, request for Steroid/Anesthetic Injection of the Brachial Plexus Right Upper Extremity is not medically necessary.