

Case Number:	CM14-0067896		
Date Assigned:	07/11/2014	Date of Injury:	06/11/2011
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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, 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 injured worker is a 53-year-old male who reported an injury on 06/11/2011. The mechanism of injury was not provided. On 10/05/2013, the injured worker presented with bilateral hand pain with numbness and tingling. Upon examination of the right hand, there was a well healed full thickness skin graft to the right lateral dorsal 5th metacarpal head. There was positive bilateral Phalen's test, positive bilateral Tinel's and a positive bilateral compression tests over the median nerve with numbness over the thumb, index and middle fingers at approximately 5 seconds. The diagnoses were status post full thickness soft tissue injury to right dorsal lateral 5th metacarpal head, status post full thickness skin grafting to the right dorsolateral 5th digit metacarpal head, decreased range of motion of the right 5th finger, right carpal tunnel syndrome, left carpal tunnel syndrome, right upper extremity overuse syndrome, left upper extremity overuse syndrome and right De Quervain's tenosynovitis. Prior therapies included surgery, medications, home exercise, physical therapy and the use of a TENS unit. The provider recommended a cervical interlaminar epidural steroid injection at C7-T1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Interlaminar Epidural Steroid Injection (ESI) at C7-T1: 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 Injection, page(s) 46 Page(s): 46.

Decision rationale: The request for cervical interlaminar epidural steroid injection (ESI) at C7-T1 is non-certified. According to California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be used performing fluoroscopy, no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review noted numbness and tingling in the bilateral hands, positive bilateral Phalen's, positive bilateral Tinel's and positive bilateral compression tests. Further clarification would be needed to address motor strength deficits, sensory examination and the results of the Spurling's test. Additionally, diagnostic testing findings do not clearly corroborate radiating with physical examination. The documentation failed to show that the injured worker would be participating in an active treatment program following the requested injections. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. Based on the above information, the request is non-certified.