

<b>Case Number:</b>	CM14-0069317		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 08/16/2012. The mechanism of injury was not provided. The diagnoses included bilateral carpal tunnel syndrome, lateral epicondylitis of the left elbow, acute cervical strain, and moderate degenerative cervical disc disease at C6-7. Prior therapies included 2 epidural steroid injections. Per the 05/20/2014 report, the injured worker reported neck pain with numbness and pain in the bilateral hands and over the left elbow. Physical exam findings included no motor or sensory deficits in the upper extremities. Cervical range of motion was noted to be full in all planes. The injured worker demonstrated decreased grip strength on the left. It was noted the biceps, triceps, and brachioradialis reflexes were absent bilaterally. A positive Tinel's was noted over the left elbow and left wrist. The provider noted [REDACTED] felt the injured worker had bilateral carpal tunnel syndrome and was in need of surgery. A third epidural steroid injection and continued treatment with [REDACTED] was requested. The Request For Authorization form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Epidural injection on the left at C6-7: Upheld**

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

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

**Decision rationale:** The request for 1 epidural injection on the left at C6-7 is not medically necessary. The California MTUS Guidelines state the purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no significant long term functional benefit. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The medical records provided indicate the injured worker received 2 previous cervical epidural steroid injections. There is a lack of documentation regarding at least 50% pain relief, objective functional improvement, and reduction of medication use for 6 to 8 weeks from the previous injection. Based on this information, the request for a repeat epidural injection is not supported. As such, the request is not medically necessary.

**Request for continued treatment for left elbow and carpal tunnel syndrome:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2, 4, 15, 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The request for continued treatment for left elbow and carpal tunnel syndrome is not medically necessary. The California MTUS/ACOEM Guidelines state a referral for hand surgery consultation may be indicated for patients who: have red flags of a serious nature; failed to respond to conservative treatment; and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The medical records provided indicate that continued care with [REDACTED], a hand surgeon, was recommended as he felt the injured worker was in need of surgery. There is no indication the injured worker planned to undergo surgery. There is a lack of documentation regarding the presence of red flags and the failure of conservative management. Based on this information, the request is not supported. As such, the request is not medically necessary.