

Case Number:	CM14-0071328		
Date Assigned:	07/14/2014	Date of Injury:	03/08/2011
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 66-year-old male with a 3/8/11 date of injury. At the time (4/28/14) of request for authorization for C5-T1 facet joint nerve blocks and bilateral carpal tunnel and cubital tunnel splints and braces QTY:4, there is documentation of subjective (neck pain and bilateral upper extremity pain) and objective (tenderness to palpation over the cervical paraspinal musculature with painful range of motion, radicular symptoms to the left trapezius region, and decreased motor strength of the upper extremities) findings, current diagnoses (cervical spondylosis, cervical strain, and radicular syndrome), and treatment to date (not specified). Regarding C5-T1 facet joint nerve blocks, there is no documentation of non-radicular facet mediated pain and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. Regarding bilateral carpal tunnel and cubital tunnel splints and braces QTY:4, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which wrist splinting is indicated (carpal tunnel syndrome and ulnar nerve compression).

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-T1 facet joint nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, cervical strain, and radicular syndrome. In addition, there is documentation of cervical pain. However, given documentation of objective findings (radicular symptoms to the left trapezius region and decreased motor strength of the upper extremities), there is no documentation of non-radicular facet mediated pain and at no more than two levels bilaterally. In addition, there is no documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. Furthermore, given documentation of a request for C5-T1 facet joint nerve blocks, there is no documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for C5-T1 facet joint nerve blocks is not medically necessary.

Bilateral carpal tunnel and cubital tunnel splints and braces QTY:4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273; TABLE 11-7.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, cervical strain, and radicular syndrome. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which wrist splinting is indicated (carpal tunnel syndrome and ulnar nerve compression). Therefore, based on guidelines and a review of the evidence, the

request for bilateral carpal tunnel and cubital tunnel splints and braces QTY:4 is not medically necessary.