

Case Number:	CM14-0094405		
Date Assigned:	07/25/2014	Date of Injury:	03/08/2011
Decision Date:	09/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal Medicine 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 30 year old male who sustained an injury on 03/08/11 while pushing shopping carts. The injured worker developed complaints of neck pain as well as left shoulder pain. The injured worker has had prior facet joint injections which did provide approximately 60% relief of symptoms for 2 months. Prior medication use has included the use of Tramadol as well as the use of Omeprazole to address gastrointestinal side effects. Recent electrodiagnostic studies from 04/03/14 noted evidence for bilateral median nerve neuropathy. As of 05/09/14, the injured worker had been recommended for further medial branch block from cervical (C)5 to thoracic (T)1 as well as bracing to address ulnar neuropathy as well bilateral carpal tunnel syndrome. The injured worker reported to have continuing facet disease contributing to facet pathology. The requested left C5-T1 facet joint nerve blocks as well as bilateral carpal tunnel and cubital tunnel splints and braces in a total quantity of 4 were both denied by utilization review on 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical 5 - Thoracic 1 Facet Joint Nerve Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Injections, Diagnostic.

Decision rationale: In regards to the requested left C5-T1 facet joint nerve blocks, this request would not be considered medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker has had persistent complaints of neck pain with facet joint findings on physical exam. The injured worker is noted to have prior response to therapeutic facet joint blocks for 2 months. Although there should be consideration made for possible cervical medial branch blocks, the request would be considered excessive based on guideline recommendations. Most guidelines recommend facet joint blocks in no more than 2 joint levels. The current request is for facet nerve joint blocks in more than 2 joint levels. Given the excessive nature of the request, this reviewer would not recommend these procedures as medically necessary per guideline recommendations.

Purchase of Bilateral Carpal Tunnel and Cubital Tunnel Splints and Braces; Total four (4): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome and Elbow Chapter, Splinting.

Decision rationale: In regards to the request for bilateral splints and braces to address carpal tunnel and cubital tunnel syndrome, this reviewer would have recommended this request as medically necessary. Per guidelines, bracing and splinting is a recommended modality in the conservative treatment in both ulnar and median nerve neuropathy. There is evidence within the clinical literature establishing that bracing does provide a reasonable amount of relief for injured workers experiencing both carpal and cubital tunnel syndrome. Given the recommendations for this modality, this request is medically necessary.