

Case Number:	CM14-0193963		
Date Assigned:	12/01/2014	Date of Injury:	08/27/2005
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 49-year-old female who reported an injury on 08/27/2005. The mechanism of injury was not specified. Her diagnosis includes carpal tunnel syndrome. Past treatments include a left median nerve injection on 09/22/2014 and aqua therapy. The diagnostic studies include an electromyogram/nerve conductive study (EMG/NCS), performed on 02/06/2012, which revealed moderate left median neuropathy primarily affecting the myelin. The injured worker's surgical history was not addressed. On 10/13/2014, the patient presented with low back pain of 5/10. She rates her pain without medications 7/10. She also reported no benefit from the left median nerve injection she received on 09/22/2014. The objective findings revealed positive Phalen's and Tinel's signs, as well as tenderness to palpation over the radial side and anatomical snuff box in the left wrist. She was also noted to have tenderness to palpation over the metacarpophalangeal joint of the thumb and thenar eminence in her left hand, as well as a positive Finkelstein's test. Current medications were noted to include Norco, Celebrex, Prilosec, Lyrica, Simvastatin, Lisinopril/Hydrochlorothiazide, and Ropinirole HCL. The treatment plan was noted to include a decrease in pain medication and refills for Norco and Lyrica. A rationale was not provided within the documentation. A request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left median nerve injection to be redone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter- Injection with Anesthetics and/or Steroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter- Injection with Anesthetics and/or Steroids

Decision rationale: The request for a left median nerve injection to be redone is not medically necessary. The Official Disability Guidelines state, "Pain injections should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." The patient was noted to receive a left median nerve injection on 09/22/2014, which was noted to be ineffective. Additionally, a rationale was not provided to justify a repeat injection. Therefore, the request is not supported by the evidence based guidelines. As such, the request for a left median nerve injection to be redone is not medically necessary.