

Case Number:	CM14-0202268		
Date Assigned:	12/12/2014	Date of Injury:	06/25/2014
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 (IW) is a 53-year-old woman with a date of injury of June 25, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are bilateral carpal tunnel syndrome bilaterally, intervertebral disc disorder with myelopathy, lumbar region; right lateral epicondylitis; and depression. Pursuant to the office visit note dated November 4, 2014, the IW complains of persistent low back pain. The injury is a combination of old injury and workplace aggravation from increased work duties through June of 2014. The bilateral hand pain persists with pain symptoms now extending up to the elbow and the right hand. She complains of swelling and pain in the lateral elbow. Documentation indicated the IW was terminated from her employment in early July 2014 after she was placed on temporary disability. The IW has no private insurance as the employer has subsequently terminated her private insurance policy as well as denying any new Worker's Compensation injuries. The IW persists with depression symptoms and has been advised to file a psychiatric claim for her depression. The physical examination was to the right hand only. There was no physical examination to the lumbar spine or any other body parts. Examination of the right hand reveals decreased sensation in all fingers and ulnar 3 left fingers to light touch. Tinel's sign is positive bilaterally over the median nerve and over the ulnar nerve at elbow. Compression testing of median nerve was positive as well. The treating physician is requesting authorization for physical therapy X 6 visits for bilateral carpal tunnel, therapeutic bilateral injections of the carpal tunnel with Cortisone and local anesthetic, neural foraminal lumbar injection, psychiatric evaluation, and bilateral upper extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, EMG/NCV

Decision rationale: Per the Official Disability Guidelines, Nerve Conduction Studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies. In this case, the injured worker's working diagnoses are carpal tunnel syndrome on both sides; intervertebral disc disorder myelopathy, lumbar region; right lateral epicondylitis; and depression. The documentation from progress note dated November 4, 2014 contains a physical examination of the right hand. There are no other objective physical findings noted. There are no objective findings of the cervical spinal lumbar spine noted. The documentation does not contain sensory abnormalities or motor abnormalities. The injured workers working diagnosis is carpal tunnel syndrome. The treating physician requested six physical therapy visits for carpal tunnel syndrome. Consequently, absent clinical documentation to support performing an EMG/NCV of the upper extremities, lack of physical examination, presence of carpal tunnel syndrome clinically, EMG/NCV of the bilateral upper extremities is not medically necessary.

Therapeutic bilateral injection for carpal tunnel with cortisone: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Section, Cortisone Injections

Decision rationale: Per the Official Disability Guidelines, injections are recommended with a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after the injections. In this case, the injured worker's working diagnoses are carpal tunnel syndrome on both sides; intervertebral disc disorder with myelopathy, lumbar region; right lateral epicondylitis; and depression. The documentation from progress note dated November 4, 2014 contains a physical examination of the right hand. The injured worker was authorized for physical therapy to treat carpal tunnel syndrome in November 2014 to address the carpal tunnel syndrome symptoms. Pending results from physical therapy, corticosteroid injections for the carpal tunnel syndrome are not medically necessary.

Consequently, pending the outcome of physical therapy, corticosteroids for carpal tunnel syndrome are not medically necessary.

Neural foraminal lumbar injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Epidural Steroid Injections

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, neuroforaminal lumbar injections are also known as epidural steroid injections. The guidelines enumerate the criteria for use of epidural steroid injections. They include, but are not limited to, radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. See guidelines for additional criteria. In this case, the injured workers working diagnoses or carpal tunnel syndrome on both sides; intervertebral disc disorder myelopathy, lumbar region; right lateral epicondylitis; and depression. The documentation does not support neuroforaminal lumbar injections. The physical examination does not document radiculopathy. There is no clear documentation the injured worker has any sensory alteration or motor weakness on examination. The latest physical examination documents the right-hand. There were no other objective findings present. There were no electrodiagnostic studies to corroborate the presence of radiculopathy. Consequently, absent clinical documentation to support neural foramina lumbar injections, documented radiculopathy, corroborating electrodiagnostic studies, foraminal lumbar injections are not medically necessary.

Psychiatric evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office visits; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Per the ACOEM and the Official Disability Guidelines, the need for a clinical office visit with a healthcare provider is individualized based upon review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. Consultation is appropriate if it aids in the diagnosis, prognosis or therapy of the patient. In this case, the injured worker's working diagnoses or carpal tunnel syndrome on both sides; intervertebral disc disorder with myelopathy, lumbar region; right lateral epicondylitis; and depression. The medical record reflects the injured worker has psychological symptoms of depression. However, there is limited evidence on how depression impacts the injured worker's

current function and recovery that would, in turn, warrant consultation. Consequently, absent clinical documentation to support a psychiatric consultation, psychiatric evaluation is not medically necessary.