

Case Number:	CM15-0106155		
Date Assigned:	06/10/2015	Date of Injury:	01/03/2004
Decision Date:	08/28/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old male who sustained an industrial injury on 01/03/2004. He reported back, neck and hand pain due to a work injury. The injured worker was diagnosed as having lumbar spinal stenosis, lumbar radiculopathy, lumbar spondylosis with myelopathy, cervical radiculopathy, left lateral epicondylitis, thoracic spine sprain/strain, ganglion of tendon sheath right middle finger, trigger finger right small finger, and bilateral carpal tunnel syndrome. Treatment to date has included medications, wrist braces, activity modification, using a cane, and tests including MRI, electromyogram, and nerve conduction velocity. Currently, the injured worker complains of a flare-up of pain in the left elbow, midback pain, and low back. He also complained of neck pain that was dull, aching, constant, and moderate with significant limitations and radiated into the right upper extremity and right arm. He complained also of bilateral hand numbness and tingling, and triggering of the right small finger. The numbness and right hand pain and the pain in the forearms were aggravated by lifting or carrying heavy objects, pushing, pulling, gripping, grasping, and cane use. The treatment plan includes a Toradol injection that was given for the lumbar spinal stenosis and medications to be continued per pain management specialist. For the lateral epicondylitis, an intermediate injection was given in the office to the medial epicondyle area. The worker had 90% pain relief while the anesthetic was working. The following requests for authorization were submitted: 1. 1 right small finger A-1 pulley release and middle finger ganglion cyst excision; 2. Retrospective request: 1 Toradol injection (DOS 5/4/2015); 3. Retrospective request: 1 left elbow medial epicondyle injection (DOS 5/4/2015); 4. Retrospective request: 1 Marcaine 2cc (DOS 5/4/2015); 5. Retrospective request: 1 Lidocaine 2cc (DOS 5/4/2015); 6. Retrospective request: 1 Depo-medrol 1cc (DOS 5/4/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right small finger A-1 pulley release and middle finger ganglion cyst excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 269, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand.

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

Decision rationale: CA MTUS/ACOEM hand complaints, page 271 recommends failure of 2 injections prior to surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case the triggering has not been treated with two corticosteroid injections as documented in the exam of 5/4/15. Therefore, the request is not medically necessary.

Retrospective request: 1 Toradol injection (DOS 5/4/2015): 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 (Chronic): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketorolac Page(s): 72.

Decision rationale: CA MTUS chronic pain treatment guidelines, ketorolac, page 72 states that ketorolac is not indicated for chronic pain. Page 67, NSAIDs for acute low back pain, states that NSAIDs are likely no better than acetaminophen or placebo for low back pain. In this case, there is no evidence of recent increase in low back pain constituting acute low back pain. As the medication requested is not recommended for chronic low back pain, the request is not medically necessary.

Retrospective request: 1 left elbow medial epicondylar injection (DOS 5/4/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3- 6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In this case there is no evidence of physical therapy trialed before steroid injection. The request is not medically necessary.

Retrospective request: 1 Marcaine 2cc (DOS 5/4/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective request: 1 Lidocaine 2cc (DOS 5/4/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective request: 1 Depo-medrol 1cc (DOS 5/4/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.