

Case Number:	CM15-0109271		
Date Assigned:	06/16/2015	Date of Injury:	04/02/2013
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63-year-old male who reported an industrial injury on 4/2/2013. His diagnoses, and/or impressions, are noted to include status-post bilateral carpal tunnel surgery; questionable cervical radiculopathy; repetitive stress syndrome of the cervical spine, upper extremities, and bilateral hands/wrists; and bilateral wrist arthritis. No current imaging studies are noted. His treatments have included cervical epidural steroid injections in 5/2014, which provided 50% improvement until gradual return of wrist pain/symptoms in 8/2014; medication management; and rest from work. The progress notes of 5/11/2015 noted a follow-up visit with complaints of moderate pain with medications, and severe pain without. Objective findings were noted to include restricted range-of-motion of the cervical spine that is with hyper-tonicity and spasm of the bilateral para-vertebral muscles; positive Tinel's sign on both elbows; positive Phalen's sign on both wrists; and a mild decrease in sensation over the Snuff Box region. The physician's requests for treatments were noted to include epidural steroid injections to the cervical spine, and a 6-month gym membership stated to be recommended in an agreed medical examination report of 1/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Page(s): 46.

Decision rationale: Accordingly, to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." According to the documents available for review, the IW previously underwent an epidural injection. There is no current documentation of response and functional benefit from prior injection as required by the MTUS. Therefore, at this time, the requirements for treatment have not been met and is not medically necessary.

Six Month Gym Membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for a gym membership. Therefore, at this time the requirements for treatment have not been met, and is not medically necessary.