MAXIMUS Federal Services

Case Number:	CM15-0140326		
Date Assigned:	07/30/2015	Date of Injury:	02/01/2007
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: Illinois, California, Texas
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:

This injured worker is a 58-year-old female who sustained an industrial injury on 2/1/07. She developed right wrist pain from repetitive use while working as an interior design project manager. She underwent right carpometacarpal trapeziectomy and arthroplasty with ligament reconstruction and tendon interposition, and carpal tunnel release in May 2008. She was diagnosed with complex regional pain syndrome of the right hand. Treatment has included right arm Bier block on 3/11/15, superficial radial nerve blocks, and right superficial radial nerve radiofrequency neuromodulation performed on 3/28/12, 10/8/12, 11/6/13, 2/13/14, and 6/26/14. Records indicated that she had 2 months of almost complete pain relief following the radiofrequency procedure on 10/8/12, and only partial relief from subsequent injections. The 4/9/15 treating physician report cited constant grade 4-6/10 right carpometacarpal (CMC) pain. She reported improvement in right hand pain after the right upper extremity Bier block with continued hyperalgesia on the dorsal aspect of the right thumb. Physical exam documented tenderness to palpation over the right CMC with tender scar to pinch and mild hyperalgesia. She had strong grip strength and ok paper holding. There was no joint swelling. The diagnosis included right wrist pain and complex regional pain syndrome. The injured worker had great success with prior right superficial radial nerve radio-frequency neuromodulation procedure. The treatment plan recommended continued medications, gabapentin 1200 mg three times per day, right superficial radial nerve radio-frequency neuromodulation, consideration of trans-cranial magnetic stimulation, referral to physical therapy, and x-ray of the left thumb. Authorization was requested for repeat right superficial radial nerve radio-frequency neuromodulation. The 6/23/15

utilization review non-certified the request for right superficial radial nerve radio-frequency neuromodulation as there was no documentation of quantifiable pain reduction, functional improvement, or duration of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right superficial radial nerve radiofrequency neuromodulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Radiofrequency ablation (RFA).

Decision rationale: The California MTUS guidelines state that most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or possibly, the carpal tunnel in cases resistant to conservative therapy. The California MTUS and Official Disability Guidelines do not provide specific recommendations for radiofrequency ablation procedures in forearm, wrist or hand injuries. In general, repeat radiofrequency procedures are supported for sustained pain relief for at least 6 months. Guideline criteria have not been met. This injured worker has been diagnosed with right upper extremity complex regional pain syndrome. She has undergone multiple right superficial radial nerve radiofrequency neuromodulation procedures. Most recently, records indicated that there has been partial relief with these procedures. There is no documentation of a specific pain reduction, functional benefit, associated reduction in medications, or duration of the benefit provided to support the medical necessity of additional procedures. Therefore, this request is not medically necessary.