

Case Number:	CM15-0202171		
Date Assigned:	10/19/2015	Date of Injury:	06/17/2014
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/14/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 58 year old male, who sustained an industrial injury on 6-17-14. The injured worker is diagnosed with lumbar spine disc rupture, bilateral knee internal derangement and right index finger strain. His work status is modified duty. A note dated 6-9-15 reveals the injured worker presented with complaints of constant pain and swelling in the right index finger and is increased with gripping and fine finger manipulation. He reports intermittent numbness and tingling in his bilateral wrists and hands (right greater than left), mid back muscles spasms and constant low back pain that is described as burning and sharp. The back pain is increased with kneeling, stooping, forward bending, ascending and descending stairs-curbs, pushing, pulling, lifting and carrying greater than 10 pounds, transitioning from seated to standing-standing to seated twisting and prolonged sitting, standing and walking. He reports constant right knee pain that radiates from his low back accompanied by numbness and tingling. Lastly, he reports constant left knee pain described as sharp and burning and accompanied by popping, locking and buckling. The pain is increased by flexing, extending, squatting, kneeling, stooping, forward bending, ascending and descending stairs-curbs, transitioning from seated to standing-standing to seated twisting and prolonged standing and walking. He reports difficulty engaging in activities of daily living; self-care, dressing, donning shoes, sweeping, mopping, vacuuming, household chores and prolonged driving. A physical examination dated 6-9-15 revealed Heberden's node in his fingers, lumbar spine examination reveals decreased range of motion accompanied by pain and spasms with right lateral bending, negative straight leg raise, normal sensation and motor strength of the bilateral lower extremities. The left knee is tender to

palpation at the lateral joint line. Treatment to date has included medications, left knee strap brace and an H-wave unit helps manage his pain and increases mobility in knees and lumbar spine, per note dated 8-25-15. Diagnostic studies include MRI and electrodiagnostic study. A request for authorization dated 6-25-15 for L5-S1 epidural injection and paraffin wax is non-certified, per Utilization Review letter dated 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient does meet the current criteria at this time, and has had a previous injection, which reduced pain by 60%. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is indicated as a medical necessity to the patient at this time. The request is medically necessary.

Paraffin Wax: 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), Wrist and Hand Chapter: Paraffin wax baths.

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Paraffin Wax. Guidelines state the following: recommended as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care (exercise). The patient does not meet the current criteria at this time. According to the clinical documentation provided and current guidelines, Paraffin Wax is not indicated as a medical necessity to the patient at this time. The request is not medically necessary.