

Case Number:	CM15-0037685		
Date Assigned:	03/06/2015	Date of Injury:	11/19/2001
Decision Date:	04/10/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Family Practice

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 54-year-old male who sustained an industrial injury on 11/19/2001. He has reported pain in both wrists and neuropathic pain. Diagnoses include median neuropathy, bilateral carpal tunnel syndrome, and opioid dependence. Treatments to date include carpal tunnel surgery, physical therapy, splints, neuropathic medicines and high dose opioids. A progress note from the treating provider dated 02/20/2014 indicates the IW has persistent severe burning and tingling throughout much of the hands bilaterally. His examination elicits diffuse pain with light touch over the hands bilaterally. Treatment plans included 12 carpal Tunnel injections between 02/19/2015 and 02/19/2015, continuation of the current medication regimen of Cymbalta, Lyrica, Tizanide, Vicoprofen, and hydromorphone, and consideration of a spinal cord stimulator. On 02/20/2015, Utilization Review non-certified a request for 12 carpal tunnel injections. The MTUS-ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 carpal tunnel injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of injections for the treatment of carpal tunnel syndrome. These guidelines do recommend a corticosteroid injection for the treatment of carpal tunnel syndrome after there has been sufficient evidence that conservative treatment measures have failed; e.g. use of carpal tunnel wrist splints. Table 11-7 provides a summary of the treatment recommendations and comments on the use of repeat/frequent injections for carpal tunnel syndrome. These guidelines do not support the use of repeat/frequent injections; indicating that this intervention does not meet research-based evidence for efficacy. In this case, the provider is requesting repeat injections (a series of 12) without methods to assess the treatment effect of a single injection. It would be expected, based on the above cited guidelines, that the provider would assess the effect of a single corticosteroid injection on the patient's symptoms before engaging in a series of 12 injections. Therefore, for this reason, a series of 12 carpal tunnel injections is not considered as being medically necessary.