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| <b>Case Number:</b>   | CM15-0052602 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 12/15/2014 |
| <b>Decision Date:</b> | 05/07/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on December 15, 2014. The injured worker had reported an injury to the neck and left upper extremity. The diagnoses have included cervical segmental dysfunction, cervical strain, cervical radiculitis, bilateral rotator cuff sprain/strain, bilateral shoulder impingement syndrome, left supraspinatus sprain/tear, left acromioclavicular arthritis, left tardy ulnar nerve palsy, bilateral carpal tunnel syndrome and left fracture of humerus. Treatment to date has included medications, radiological studies, electrodiagnostic studies and chiropractic care. Current documentation dated February 24, 2015 notes that the injured worker reported neck pain with radiation to the bilateral upper extremities, bilateral shoulder pain and left elbow and wrist pain. Physical examination of the cervical spine revealed tenderness to palpation and a decreased range of motion. Cervical distraction was positive with decreased pain. Examination of the bilateral shoulders revealed tenderness to palpation, a decreased range of motion and positive Neer's and Hawkins's tests bilaterally. Examination of the left elbow and wrist revealed a normal range of motion and positive Tinel's and Phalen's tests. The treating physician's plan of care included a request for x-rays anterior/posterior and lateral of the left humerus, epidural steroid injection of the left cervical spine at cervical five/cervical six and injection into the bilateral carpal canals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**x-rays A/P and lateral of the left humerus:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Radiography (x-rays). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, humeral X ray recommended as indicated below. Radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. (ACR, 2001) Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. (Lennon, 2007) See also ACR Appropriateness Criteria. There is no documentation that the patient is suspected of having fracture or osteochondritis or any other indication for humeral X ray. Therefore, the request for x-rays A/P and lateral of the left humerus is not medically necessary.

**Epidural injection of the left cervical spine at C5-C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Epidural injection of the left cervical spine at C5-C6 is not medically necessary.

**Injection into the bilateral carpal canals:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome Treatment & Management. <http://emedicine.medscape.com/article/327330-treatment#a1137>.

**Decision rationale:** According to Medscape, Most individuals with mild-to-moderate carpal tunnel syndrome (CTS; according to electrophysiologic data) respond to conservative management, usually consisting of splinting the wrist at nighttime for a minimum of 3 weeks. Many off-the-shelf wrist splints seem to work well, although theoretically, a custom-made splint in neutral is probably the best choice. Steroid injection into the carpal tunnel has been shown to be of long-term benefit and can be tried if more conservative treatments have failed [26]. Injections may also be worthwhile prior to surgical management or in cases in which surgery is relatively contraindicated (eg, because of pregnancy). Ultrasound measurements of the median nerve can help predict response to steroid injection. Non-steroidal anti-inflammatory drugs (NSAIDs) and/or diuretics may be of benefit in certain populations (eg patients with fluid retention or with wrist flexor tendinitis). Vitamin B-6 or B-12 supplements are of no proven benefit. There is no recent documentation that the patient developed carpal tunnel syndrome or the patient failed more conservative therapies. Therefore, the request for Injection into the bilateral carpal canals is not medically necessary.