

<b>Case Number:</b>	CM13-0030505		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old female environmental services worker. On 05/16/2008 while performing her usual and customary duties as a housekeeper and while in the process of cleaning a patient room, she placed her right hand in between the mattress and box-spring and as she pulled her right hand forcefully, she cut her right finger on the metal spring. She notes that she experienced the immediate onset of pain in her right ring finger and hand and that she was bleeding profusely. The patient reported the injury to her supervisor who referred her for medical care. The same day the patient was seen at the emergency room in the [REDACTED]. They examined her hand and cleaned and dressed the wound. X-rays of the right hand were taken, which were negative for fractures or dislocations. Medications were prescribed. The patient was seen by an orthopedist a few days later; more medication was prescribed along with a course of physical therapy. The patient attended the physical therapy for her right hand and recalls that she may have attended it 3 times per week, for a few months with little relief. Due to her persistent symptomatology, she was referred for an MRI scan of the right hand in 2008. She reports that she was released with work restrictions. Sometime in 2008 the patient states that she underwent right ring finger surgery, postoperatively she was prescribed medications and physical therapy. The patient states that the surgery was of little benefit and she again returned to work with restrictions. The patient currently complains of pain in her right wrist/hand which she rates as a 4 on a scale of 0 to 10. She states the pain radiates to the forearm to the right upper extremity to the shoulder. She has weakness in her right hand which causes her to constantly drop items. There is numbness and tingling in her right hand and upper extremity. Her pain increased with gripping, grasping, flexing/ extending, rotating and repetitive hand and finger movements. The most recent report from [REDACTED] dated 07/23/13 requests referral to a PM&R specialist for CESI/LESI injections. The patient presented to [REDACTED] with cervical,

thoracic and lumbar spine pain of a constant nature ranging from moderate to severe; BL upper extremity pain from shoulder to wrist of a constant to severe level of pain with reported N/T from wrist to fingers BL. Physical Exam: regional palpable tenderness with spasms cervical/thoracic/lumbar paraspinals; palpable tenderness med/lat elbows, wrists. Diagnosis: cervical/lumbar radiculopathy; shoulder impingement; status-post surgery BL wrists; status-post sprain-strain injury full spine/extremities. Plan: referral for pain management with CESI/LESI.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **The request for a Lumbar Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46. Decision based on Non-MTUS Citation ACOEM Guidelines, Section on Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 1/7/2014)-Epidural steroid injections (ESIs).

**Decision rationale:** Lumbar Epidural Steroid injection is not supported by CA-MTUS and ODG guidelines. According to the guidelines, the Lumbar ESI is not medically necessary since the MRI of the Lumbar Spine revealed no significant disc or nerve root pathology and the physical exam does not show any radicular findings. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation of the result of previous ESI treatment in the past. Based on the available evidence and clinical documentation, the request for Lumbar Epidural Steroid Injection is not medically necessary.

#### **The request for Cervical Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation ACOEM Guidelines, Section on Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 1/7/2014)-Epidural steroid injections (ESIs).

**Decision rationale:** With respect to Cervical Epidural Steroid injection, this is not supported by CA-MTUS and ODG guidelines. According to the guidelines, the Cervical ESI is not medically necessary since the MRI of the Lumbar revealed no significant disc or nerve root pathology and the physical exam does not show any radicular findings. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or

electrodiagnostic testing. There is no documentation of the result of previous ESI treatment in the past. Based on the available evidence and clinical documentation, the request for Cervical Epidural Steroid Injection is not medically necessary.