

Case Number:	CM14-0118008		
Date Assigned:	09/16/2014	Date of Injury:	04/07/2011
Decision Date:	10/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Pain Medicine 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 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/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 records presented for review indicate that this 53 year-old male was reportedly injured on 4/7/2011. The mechanism of injury is noted as continuous and repetitive use of a mouse and keyboard. The most recent progress note, dated 8/14/2014 indicates that there are ongoing complaints of bilateral shoulder, elbow, and hand and wrist pain/numbness. The physical examination demonstrated bilateral elbow exam: range of motion 0-140. Positive tenderness over the common flexor origin bilaterally. The common extensor origin is nontender. Positive Tinel's at cubital tunnel bilaterally, positive compression and hyper flexion bilaterally. Bilateral wrist and hand: well-healed surgical incisions. Full range of motion, patient can make a full fist without difficulty. Otherwise unremarkable examination. Diagnostic imaging studies include radiographs of bilateral hands which reveals unremarkable examination. Previous treatment includes cervical epidural steroid injections, physical therapy, medications, and conservative treatment. A request had been made for cervical spine epidural steroid injection bilaterally at C5-six and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cath CESI bilateral C5-C6 under fluoro & monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy on physical examination other than bilateral cubital tunnel syndrome noted with positive Tinel's at the cubital tunnel. As such, the requested procedure is deemed not medically necessary.