

<b>Case Number:</b>	CM14-0133692		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Occupational 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 claimant was injured on 12/10/12. Urinalysis toxicology, L4-5 epidural steroid injection, and magnetic resonance angiogram (MRAs) of the bilateral wrists are under review. There was some mention in August 2013 of left wrist pain that had resolved with acupuncture. The claimant was seen on 02/04/14 by pain management and complained of low back pain with radiating pain, numbness, and tingling to both lower extremities, more so on the left. She had neck pain with headaches. Her right wrist was feeling better. She had some loss of sleep. She had spasm of the paracervical and trapezius muscles with decreased range of motion. The lumbar spine had tenderness and myospasm and positive straight leg raises bilaterally with decreased range of motion. She had tenderness over the left shoulder with impingement. The right wrist had a slight decrease in range of motion due to pain. She saw [REDACTED] on 03/18/14 and had right wrist pain, low back pain, neck pain, and left shoulder pain. There were signs of impingement of both shoulders. She had slight tenderness of the right wrist. The diagnoses only mention carpal sprain and she had findings and diagnoses involving the neck, shoulder, and lumbar spine. She was on several medications. On 07/07/14, she still had low back pain at the same level and right wrist pain. MRI showed a posterior disc bulge at L4-5 and at L3-4 resulting in mild-to-moderate right and moderate left neural foraminal narrowing with facet hypertrophy. There was a disc bulge at L5-S1. She had tenderness of the right wrist and left shoulder with decreased range of motion. She saw [REDACTED] on 06/09/14 and complained of low back pain, neck pain, headaches, right wrist pain, and left shoulder pain. She had decreased grip strength on the right compared to the left. She had tenderness and spasm and decreased range of motion of the cervical and lumbar spines and the shoulder and wrist. She was diagnosed with sprains, lumbar radiculopathy, and rotator cuff syndrome. She was prescribed topical medications. She was referred to an orthopedic surgeon for her lumbar spine. Acupuncture was ordered for 6 visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines,- Treatment in Worker's Compensation, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

**Decision rationale:** The history and documentation do not objectively support the request for urinalysis toxicology. The California Medical Treatment Utilization Schedule (MTUS) state "Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that illegal use of drugs or medications or noncompliance with prescribed medications is suspected. The indication for urinalysis toxicology has not been explained and none can be ascertained from the records. The medical necessity of this request for urinalysis toxicology has not been clearly demonstrated.

**L4-L5 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Epidural Steroid Injections Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for an Epidural Steroid Injections (ESI) at level L4-5. The California Medical Treatment Utilization Schedule (MTUS) state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does

not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, there is no evidence of radiculopathy on physical examination (the SLRs are described as positive but there is no documentation of reproduction of radicular pain that is consistent with an MRI that shows nerve root compression at this time. It is not clear whether the recommended ESI is for the left or right side or bilateral. It is not clear whether the claimant has completed or attempted and failed a course of conservative care or whether or not she has been involved in an ongoing exercise program that is to be continued in conjunction with the ESI. The medical necessity of this request for an ESI at level L4-5 under these circumstances has not been clearly demonstrated.

**MRA (Magnetic Resonance Angiogram) of the right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand: MRI; angiography.

**Decision rationale:** The history and documentation do not objectively support the request for magnetic resonance angiogram of the right wrist. The California Medical Treatment Utilization Schedule (MTUS) recommend magnetic resonance imaging (MRI) to evaluate infection and carpal tunnel syndrome but do not recommend MR angiography. The Official Disability Guidelines (ODG) recommends angiography to evaluate the blood vessels and do not recommend MR angiography. It is not clear why angiography has been recommended when the primary diagnosis has been wrist sprain. The indication for this type of study has not been described and none can be ascertained from the records. The medical necessity of this request for an MR angiogram of the right wrist has not been clearly demonstrated.

**MRA (Magnetic Resonance Angiogram) of the left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand: MRI; angiogram.

**Decision rationale:** The history and documentation do not objectively support the request for magnetic resonance angiogram of the left wrist. The California Medical Treatment Utilization Schedule (MTUS) recommend magnetic resonance imaging (MRI) to evaluate infection and carpal tunnel syndrome but do not recommend MR angiography. The Official Disability Guidelines (ODG) recommends angiography to evaluate the blood vessels and do not recommend MR angiography. It is not clear why angiography has been recommended when the primary diagnosis has been wrist sprain. The indication for this type of study has not been

described and none can be ascertained from the records. The medical necessity of this request for an MR angiogram of the left wrist has not been clearly demonstrated.