

Case Number:	CM14-0134490		
Date Assigned:	08/27/2014	Date of Injury:	10/15/2010
Decision Date:	11/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Interventional Spine 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 patient is a 58 year old with an injury date on 10/15/10. Patient complains of bilateral wrist pain, hand pain, and severe left hip pain traveling to his knee/lateral thigh/testicle on left side per 7/25/14 report. Patient states that he's feeling weak and dropping more things, and his carpal tunnel is worsening per 7/25/14 report. Based on the 7/25/14 progress report provided by [REDACTED] the diagnoses are: 1. sacroiliitis not elsewhere classified, 2. Lumbago, 3. back disorder not otherwise specified, 4. adhesive capsulitis of shoulder, 5. thoracic or lumbosacral neuritis or radiculitis not otherwise specified, 6. s/s of shoulder/upper arm. Exam on 7/25/14 showed "L-spine range of motion restricted with extension limited to 15 degrees. Bilateral wrists have normal range of motion but tenderness to palpation over TFCC, bilaterally. Straight leg raise is positive and motor strength of quadriceps is 1/5 on left, tibialis anterior is 2/5 on left, flexor digitorum longus is 2/5 on left, peroneus longus is 1/5 on left, peroneus brevis is 1/5 on left. Normal deep tendon reflexes." [REDACTED] is requesting hand therapy, bilateral wrist/hand and transforaminal epidural steroid injection, bilateral L5-S1. The utilization review determination being challenged is dated 8/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/28/14 to 8/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy, bilateral wrist/hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral wrist pain, hand pain, left hip pain, and knee/thigh/testicle pain. The treater has asked for hand therapy, bilateral wrist/hand on 7/25/14 and the report specifies "6 sessions." Review of the reports do not show any evidence of physical therapy for the hand being done in the past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient presents with ongoing hand pain. As patient has not had any recent therapy, the requested 6 sessions of therapy for bilateral wrist/hand appear reasonable and within MTUS guidelines. Recommendation is for authorization.

Transforaminal Epidural Steroid injection, bilateral L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This patient presents with bilateral wrist pain, hand pain, left hip pain, and knee/thigh/testicle pain. The treater has asked for transforaminal epidural steroid injection, bilateral L5-S1 on 7/25/14. Patient has had prior epidural steroid injections of unspecified dates, with 50% relief and no length of relief mentioned per 7/25/14. MRI report was not included in reports but 7/25/14 report describes a L-spine MRI on 2/18/11 that shows a 2-3mm disc bulge at L1-2, L2-3, L3-4, but normal sized disc at L4-5 and L5-S1. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case, it is not clear when the prior epidural steroid injection took place, or how long the relief lasted. There is no documentation of improvement in function, or how long the "50% improvement" lasted or any reduction in medication use. Without these documentations repeat injections are not supported per MTUS. Recommendation is for denial of repeat injection.