

Case Number:	CM14-0203710		
Date Assigned:	12/16/2014	Date of Injury:	11/10/2010
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 46-year-old female, who suffer from worker related bilateral carpal tunnel syndrome. The injured worker had failed conservative treatment of anti-inflammatory medications, cortisone injections, physical therapy, bracing of the thumb and index fingers. The injured worker had carpal tunnel release on the right side, September 06, 2013. The injured worker attended occupational therapy post operatively. According to the progress note of December 19, 2013, the injured worker was finally making good progress with the right carpal tunnel release. The injured worker was still doing occupational therapy for both hands. The injured worker was making functional improvement and decreased pain in the right hand. On February 28, 2014, the injured worker underwent carpal tunnel release surgery to the left. The documentation submitted for review did not include radiology studies, documentation of any neck pain, diagnostic studies, neck treatments or diagnosis to support a neck condition. The occupational notes provided were for the postoperative care of the right carpal tunnel release. On December 1, 2014, the UR denied authorization for bilateral C5-C6 (CPT 62284) and bilateral C5-C6 (CPT 64479) epidural injections. The UR requested corrected CPT coding, which was corrected on the application as both being CPT 64479. The denial was based on the wrong CPT code and the lack of supporting documentation of medical necessity and did not meet the MTUS guidelines for epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 Epidural, Injection/Infuse Neurolytic Substance Epidural Cervical and Thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral C5-C6 epidural injection/infuse neurolytic substance epidural cervicothoracic is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are bilateral carpal, syndrome; and right wrist, status post carpal from release. The medical record was 44 pages in its entirety. The medical record documentation relates solely to carpal tunnel issues only. There are no cervical spine references, subjective or objective findings on physical examination. There is no assessment and plan the medical record regarding the cervical spine. The documentation submitted for review did not contain radiology studies, other diagnostic studies, cervical treatments or cervical diagnoses to support a neck /cervical condition. The utilization review from December 1, 2014 review (not present the medical record) denied bilateral C5-C6 based on incorrect CPT coding. Correct CPT coding was submitted on a subsequent application. The denial was based on the wrong CPT code and the lack of supporting documentation. The documentation did not meet the guidelines for epidural injections. Consequently, absent clinical documentation to support the request for bilateral C5-C6 epidural injection infuse neurolytic substance epidural cervicothoracic, bilateral C5-C6 epidural injection infuse neurolytic substance epidural cervicothoracic is not medically necessary.

Bilateral C5-C6 Epidural Injection Procedure Myelography/CT Spinal/ Bilateral C5-C6 Epidural: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, bilateral C5-C6 epidural injection myelopathy/computed tomography spinal bilateral C5-C6 epidural is not medically necessary. Thorough history taking is always

important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are bilateral carpal, syndrome; and right wrist, status post carpal from release. The medical record was 44 pages in its entirety. The medical record documentation relates solely to carpal tunnel issues only. There are no cervical spine references, subjective or objective findings on physical examination. There is no assessment and plan the medical record regarding the cervical spine. The documentation submitted for review did not contain radiology studies, other diagnostic studies, cervical treatments or cervical diagnoses to support a neck /cervical condition. The utilization review from December 1, 2014 review (not present the medical record) denied bilateral C5-C6 based on incorrect CPT coding. Correct CPT coding was submitted on a subsequent application. The denial was based on the wrong CPT code and the lack of supporting documentation. Consequently, absent clinical documentation to support the request for bilateral C5-C6 epidural injection myelopathy/computed tomography spinal bilateral C5-C6 epidural, bilateral C5-C6 epidural injection myelopathy/computed tomography spinal bilateral C5-C6 epidural is not medically necessary.