

Case Number:	CM15-0010076		
Date Assigned:	01/27/2015	Date of Injury:	12/23/2013
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/16/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 42 year old male, who sustained an industrial injury on 12/23/2013. The diagnoses have included wrist sprain/strain, lumbar sprain/strain, pain in joint lower leg and accidental fall. Treatment to date has included pain medications and injections. Magnetic resonance imaging (MRI) of the left wrist 3/20/2014 demonstrated a small avulsion injury to the radiostyloid. According to the Primary Treating Physician's Progress Report from 12/29/2014, the injured worker had a chief complaint of low back pain with left leg radiculopathy, left wrist pain and right knee pain. Objective findings revealed tenderness on the left side of the lumbar spine at the level of the L4-5 and Lr-S1 facets. The injured worker had full range of motion of the left wrist. There was slight tenderness in the dorsum of the wrist centrally, slight tenderness at the radial styloid and slight tenderness on the ulnar side of the wrist. Thumb and fingers demonstrated painless range of motion. The injured worker recently underwent a left sided L5-S1 epidural injection on 12/5/2014. He stated that the epidural helped him about 60/70% and he still had some pain in his left leg. He had had a right knee injection that helped him about six months ago. He also had an injection in his left wrist about six months ago for his radiostyloid avulsion, which helped him; authorization was requested for a second injection to the left wrist. It was noted that the injured worker had relief of his symptoms with a previous lumbar epidural; a second lumbar epidural steroid injection left sided L4-5 and L5-S1 was requested. On 1/13/2015, Utilization Review (UR) non-certified a request for Left Wrist Injection of Lidocaine, Marcaine and Kenalog, noting the lack of objective exam findings, imaging findings or diagnosis that fit the guideline recommendations. UR non-certified a request for Lumbar Epidural Steroid

Injection to the left L4/5, L5/S1, noting no exam findings or imaging that corroborated a possible radiculopathy. The ODG and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left wrist injection of Lidocaine, Marcaine and Kenlog: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Carpal tunnel release, Injection with anaesthetics and/or steroids

Decision rationale: The patient presents with pain and weakness in his lower back, left leg, left wrist and right knee. The request is for Left Wrist Injection of Lidocaine, Marcaine and Kenlog. X-ray of the left wrist from 12/23/13 shows normal findings. MRI of the left wrist from 03/20/14 demonstrates a small avulsion injury to the radiostyloid. Per 08/12/14 progress report, the patient had an injection for his radiostyloid avulsion, which temporarily relieved his symptoms. Per the 12/19/14 progress report, "The patient has full range of motion of the left wrist. He has slight tenderness in the dorsum of the wrist centrally, slight tenderness at the radial styloid, slight tenderness on the unlar side of the wrist. Thumb and gingers demonstrate full painless range of motion." ODG guidelines, under Carpal tunnel release, Injection with anaesthetics and/or steroids, states that, "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." ODG guidelines, under Hand Chapter, recommend "injections for Trigger finger and for de Quervain's tenosynovitis." In this case, the treater does not provide an explanation why the left wrist injection is being requested again. There is no documentation showing functional improvement from the previous injection for his radiostyloid avulsion, except "temporarily relieved his symptoms." The review of reports states that "MRI from 03/20/14 shows a small avulsion injury to the radiostyloid but he does not expereince pain in the radiostyloid." The patient does not present with trigger finger or de Quervain's tenosynovitis for which the injection may be indicated. Therefore, the request IS NOT medically necessary.

1 lumbar epidural injection to the left L4/5, L5/S1: 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 ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in his lower back, left leg, left wrist and right knee. The request is for Lumbar Epidural Injection to the Left L4/L5 and L5/S1. The patient underwent a left sided L5-S1 epidural injection on 12/05/14, which gave him about 60-70% pain relief. Per 12/29/14 progress report, "Lumbar spine MRI dated 02/13/14 is essentially a normal study." There is tenderness over the left side of the lumbar spine at the level of L4-5 and L5-S1 facets. The right and left S1 joints are nontender. Lumbar flexion is 30 degrees, extension is 10 degrees and lateral tilt is 15 degrees. MTUS pages 46 and 47 states that Epidural Steroid Injections "ESI--are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed." 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. In this case, the treater requested "lumbar ESI to alleviate his left leg radicular symptoms." The treater has documentation that the patient had 60-70% pain relief following lumbar epidural injection on 12/05/14. However, there is no documentation regarding functional improvement including medication reduction. Furthermore, the previous ESI was performed less than a month's ago, indicating pain relief lasting less than one month. MTUS supports repeat Epidural injections when the pain and function improvement last for at least 6-8 weeks. Therefore, the request IS NOT medically necessary.