

Case Number:	CM15-0016779		
Date Assigned:	02/05/2015	Date of Injury:	06/28/2000
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old male, with a date of injury of 6/88/00. Cumulative trauma was reported 08/21/1981-09/20/2012 and 08/21/1981-11/25/2013. The diagnoses have included cervical spine disc bulges, right carpal tunnel syndrome, and left carpal tunnel syndrome. No electrodiagnostic testing was noted in the submitted medical records. The 9/11/13 cervical MRI showed multilevel degenerative disc disease, disc osteophyte complexes, and facet and uncovertebral hypertrophy resulting in neuroforaminal stenosis. The 8/25/14 physical therapy progress report indicated the patient had been seen for a diagnosis of cervical sprain/strain. The patient reported some relief with therapy, lasting one to two days. Pain was constant and 7-8/10. Numbness and tingling was intermittent over the distal bilateral 1st through 5th digits. Cervical active range of motion was flexion 45, extension 45, and right/left rotation 65/60 degrees. Grip strength was 90 pounds right, 117 pounds left. Additional therapy was recommended to increase mobility to improve activities of daily living. The 9/25/14 treating physician report indicated there was no change in symptoms over the neck or bilateral hands/wrists. There was diminished sensation over the right thumb tip, right long tip, and right small tip. The treatment plan recommended cervical epidural block, carpal tunnel syndrome surgery, follow-up with pain management and orthopedics, and physical therapy, chiropractic, and acupuncture 1x6 for the cervical spine and bilateral wrists. Utilization Review determination on 1/05/2015 non-certified the request for staged carpal tunnel release (date of service 9/23/2014) for right wrist and cervical epidural block (date of service 9/23/2014) citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Staged carpal tunnel release for the right hand, provided on September 23, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. This patient presented with numbness and tingling in both hands, all digits. There was no documentation of provocative testing or electrodiagnostic evidence consistent with carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including bracing, and failure has not been submitted. Therefore, this request is not medically necessary.

Cervical epidural block, provided on September 23, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Guideline criteria have not been met. This patient presented with constant neck pain and finger numbness and tingling. There was no evidence of radicular pain. There was evidence of multilevel cervical discogenic disease, but no clinical exam evidence correlated to a specific nerve root. The diagnosis was also positive for carpal tunnel syndrome. The level of the epidural

steroid injection was not specified. There was no documentation regarding prior epidural steroid injections and benefit. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure was not submitted. Therefore, this request is not medically necessary.