MAXIMUS Federal Services

Case Number:	CM15-0129923		
Date Assigned:	08/17/2015	Date of Injury:	10/13/2001
Decision Date:	09/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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 65 year old female, who sustained an industrial injury on October 12, 2001. She reported neck and bilateral arm pain. Treatment to date has included MRI, cervical and lumbar epidural steroid injection, surgery, pain management and medication. Currently, the injured worker complains of intermittent bilateral hand pain and neck cramping and stiffness. The pain is described as throbbing, cramping and stiffness and is rated at 5 on 10. She reports sleep disturbance due to pain. The pain is increased with prolonged hand activity. The injured worker is currently diagnosed with cervical spondylosis, cervical radiculopathy and carpal tunnel syndrome. She is currently not working. A note dated August 7, 2013 states the injured worker experience a 50% relief in pain from the epidural steroid injection, which lasted approximately 6 weeks. The following, one bilateral C4-C6 facet joint injections under IV sedation (to determine the origin of pain and offer some pain relief to improve function) and one ultrasound guided corticosteroid injection to the bilateral wrists (to provide pain relief) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral C4-6 facet joint injections under IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic) - Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

Decision rationale: MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended as in this case (C4, C5, C6). The patient exhibits chronic symptoms of radiculopathy, clinical findings with positive response from previous epidural steroid injection along with MRI findings. Submitted reports have no indication for failed conservative trial for diagnoses of cervical spondylosis, cervical radiculopathy and carpal tunnel syndrome. Criteria per Guidelines have not been met. The 1 bilateral C4-6 facet joint injections under IV sedation is not medically necessary and appropriate.

1 ultrasound guided corticosteroid injection to the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Forearm, Wrist, and Hand Complaints, Treatment, page 265.

Decision rationale: Per Guidelines, corticosteroid injections may produce short-term pain relief; however, in the long-term, they are less effective in providing pain relief and benefit with high recurrence rates when compared to physical therapy in a functional restoration approach. In addition, cortisone injections have some risks of tendon fraying and even rupture which may not be appropriate in certain patient. Corticosteroid injections may be recommended for diagnoses of de Quervain's tenosynovitis, Trigger finger, and in mild to moderate cases of CTS after failed treatment trial of splinting and medications; however, this has not been clearly demonstrated here, Corticosteroid injections are not recommended for all chronic hand, wrist/ forearm disorders, does not require ultrasound guidance, and repeated or frequent injections have not shown evidenced-based efficacy. Submitted reports have not adequately demonstrated the indication or necessity to support for this request. The 1 ultrasound guided corticosteroid injection to the bilateral wrists is not medically necessary and appropriate.