

Case Number:	CM15-0033761		
Date Assigned:	02/27/2015	Date of Injury:	07/17/2014
Decision Date:	05/28/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 44 year old male, who sustained an industrial injury on 7/17/14. The mechanism of injury was a crush injury onto the right hand from a falling tool. Initial symptoms included right hand pain and numbness with weakness on physical exam. There is a PR-2 notes dated 1/5/15 indicates the injured worker complained of pain still radiating down into left leg. There is decreased sensation on physical exam as well as positive straight leg raise. The provider documents a treatment plan to include a refill of multiple medications, continue with chiropractic therapy and home exercise program, drug urine screening for medications management. These notes demonstrate they are waiting for an authorization for Left Transforaminal Epidural Steroid Injection at L4-5 and L5-S1 under fluoroscopy x1 and have had a Utilization Review performed on this request. However follow-up note from the same provider on 1/13/15 makes no mention of lumbar pain or lumbar radiculopathy; diagnosis is right dorsal hand pain and right CTS and symptoms are only present at right hand. Plan is repeat NCS and repeat MRI and continue medication management, but there is NO mention of ESI of L4-5, L5-S1 or any other lumbar treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection at L4-5 and L5-S1 under Fluoroscopy:
 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: From my review of the records it appears that the patient incurred a crush injury to the right hand resulting in CTS diagnosed by EMG/NCS. There is only mention of the ESI from the 1/5/15 however this appears in congruent with the rest of the clinic record and not consistent with previous clinic notes or the mechanism of injury. In any case without EMG or MRI evidence of L4-5 spinal nerve involvement, an ESI at that level is not medically necessary.