MAXIMUS Federal Services

Case Number:	CM13-0043823		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2012
Decision Date:	02/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29 year-old male who had a crushing injury to his left hand on 5/22/2012. He has been diagnosed as: status post I&D left hand and wrist hematoma; status post crush injury to the left hand; stiffness and swelling to the left hand; and possible peripheral nerve compression. He was sent for a neurology consultation on 9/12/13, and the neurologist noted this was not characteristic of Complex Regional Pain Syndrome (CRPS), and felt there may be some medial and radial nerve involvement, but was surprised that it was not evident on the NCS. The neurologist's impression was "odd dysfunctional left upper extremity". The IMR application shows a dispute with the 10/18/13 UR decision against a Solu-medrol left arm block and manipulation left hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Solu Medrol IV block manipulation (left hand and wrist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Forearm, Hand, and Wrist.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56.

Decision rationale: The 29 year-old male presents with left hand swelling and stiffness. His pain was rated at 7.5/10 and did not improve with the help of stellate blocks. He is status post a crush injury from 5/22/12. The neurologist felt that the patient did not meet the criteria for Complex Regional Pain Syndrome (CRPS). The neurologist states the patient was scheduled for a nerve block that he thought was a sympathetic nerve block. The pain management physician actually wanted to do an IV regional sympathetic block with lidocaine and Solu-medrol in the left arm. The patient has not been confirmed to have CRPS. MTUS specifically states that IV regional sympathetic blocks are not recommended. The request is not in accordance with MTUS guidelines