

Case Number:	CM14-0128109		
Date Assigned:	08/15/2014	Date of Injury:	06/04/2012
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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/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:

The injured worker is a 54-year-old female who reported an injury on 06/04/2012; she was reportedly injured by being struck by a falling lid of the dumpster. On 05/14/2014, the injured worker stated that she felt weak and depressed. Upon examination, the injured worker was unable to extend the right wrist with strength because it simulated pain. The diagnoses were ulnar neuritis of the right arm due to trauma, CRPS type 2 in the right arm, reactive depression, and elevated blood pressure. The provider recommended a right elbow axillary block. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow axillary blocks times three under direct ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Worker's Compensation, Online Edition, Elbow Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Injection.

Decision rationale: The request for a right elbow axillary block times 3 under direct ultrasound guidance is not medically necessary. The Official Disability Guidelines state that injections with anesthetics versus steroids are consistent the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. At minimum, pain relief of previous injections should have sustained at least a 50% pain relief and clearly resulted in documented reduction in pain medications and improved function and a return to work. There was lack of documentation of the injured worker's failure to respond to conservative treatment. Additionally, there is a lack of documentation of other treatments the injured worker underwent and the efficacy of the prior treatments. As such, the medical necessity has not been established.