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| **Case Number:** | CM14-0138009 | | |
| **Date Assigned:** | 09/05/2014 | **Date of Injury:** | 10/09/2011 |
| **Decision Date:** | 09/30/2014 | **UR Denial Date:** | 08/19/2014 |
| **Priority:** | Standard | **Application Received:** | 08/26/2014 |

## 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, has a subspecialty in Interventional Spine 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 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 patient is a 54 year old male with an injury date of 10/09/11. Based on 08/06/14 progress report provided by [redacted] the patient complains of left medial elbow pain radiating to the distal arm in the ulnar nerve distribution. Per progress report dated 07/24/14 by [redacted] patient holds his left arm flexed at 90 degrees, neutral pronation/supination, internally rotated 45 degrees. Electrodiagnostic Evaluation 10/03/13, NCS: left median motor demonstrated prolonged latency and diminished amplitude of MUAP. However sensory study, left ulnar and radial nerve were normal. EMG: left arm tested as normal in all muscles examined, Discussion: evidence of possible mild median neuropathy at the left wrist. No evidence of cervical radiculopathy in left upper extremity. Diagnosis: None documented pertaining to left upper extremity in review of reports. [redacted] is requesting 1 Left ulnar nerve block at the elbow under ultrasound guidance. The utilization review determination being challenged is dated 08/19/14. The rationale is " no pertinent guidelines to the request. No clear evidence of left elbow neuropathy, positive findings pertained to the right elbow. [redacted] is the requesting provider, and she provided treatment reports from 03/12/13 - 08/17/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left ulnar nerve block at the elbow under ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin:Peripheral Nerve Blocks Number: 0863 Policy Aetna considers the use of peripheral nerve blocks (continuous or single-injection) medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain only as part of an active component of a comprehensive pain management program. Peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational.Aetna considers treatment of chronic pain post herniorrhaphy with a nerve block medically necessary to avoid more aggressive treatments, such as, surgery.Aetna considers intercostal nerve blocks experimental and investigational for the sole treatment of chronic intercostal neuritis because there is no clinical evidence to support the use of intercostal nerve blocks in the treatment of chronic intercostal neuritis. Intercostal nerve blocks are considered medically necessary for acute intercostal pain, and for chronic intercostal neuritis as part of a comprehensive pain management program.Aetna considers suprascapular nerve blocks experimental and investigational in the treatment of chronic upper extremity pain because the clinical evidence is not sufficient to permit conclusions on the health outcome effects of a suprascapular nerve block in the treatment of upper extremity pain.See also CPB 0722 - Selective Nerve Root Blocks, and CPB 0729 - Diabetic Neuropathy: Selected Treatments. Background A nerve block is a form of regional anesthesia. Peripheral nerve blocks (PNBs) entail the injection of corticosteroids, local anesthetics, neurolytic agents and/or sclerosing agents into or near peripheral nerves resulting in the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks (somatic and sympathetic nerves). Peripheral nerve blocks can either be "single-injection" -- refers to one-time injection of local anesthetic to the target nerve for peri-operative analgesia and/or surgical anesthesia, or "continuous" -- refers to the percutaneous insertion of a catheter directly adjacent to the target peripheral nerve(s). The latter approach is to provide prolonged nerve block by continuous infusion of local anesthetic for longer procedures, as well as post-operative analgesia. Continuous PNB (cPNB) is primarily used for inpatient procedures, but can also be used in outpatients (Jeng and Rosenblatt, 2012).Neuropathic pain is a type of pain that can result from injury to nerves, either in the peripheral or central nervous system. Neuropathic pain can occur in any part of the body and is frequently described as a hot, burning sensation. It can result from diseases that affect nerves (such as diabetes) or from trauma, or, because chemotherapy drugs can affect nerves, it can be a consequence of cancer treatment. Among the many neuropathic pain conditions some that can cause neuropathic pain of the extremities are d.

**Decision rationale:** The patient presents with left medial elbow pain radiating to the distal arm in the ulnar nerve distribution. The request is for 1 Left ulnar nerve block at the elbow under ultrasound guidance. There is no documented diagnosis pertaining to left elbow or left upper extremity in review of reports. Electrodiagnostic Evaluation dated 10/03/13 mentions "evidence of possible mild median neuropathy at the left wrist. No evidence of cervical radiculopathy in left upper extremity."MTUS and ODG are silent regarding request for ulnar nerve block at the elbow under ultrasound guidance. However, Aetna Clinical Policy Bulletin: Peripheral Nerve Blocks: Number 0863 states "Aetna considers the use of peripheral nerve blocks (continuous or single-injection) medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain

only as part of an active component of a comprehensive pain management program. Peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational. There is currently insufficient evidence to support the use of peripheral nerve blocks in the treatment of peripheral neuropathy or other indications." There does not appear to be much support for injection of the ulnar nerve. This patient does not present with a clear diagnosis of ulnar neuropathy either with a negative NCV studies. Recommendation is for denial.