

<b>Case Number:</b>	CM14-0028447		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/15/2001
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 has a subspecialty in Pain Medicine 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 injured worker is a 52-year-old female who reported an injury on 02/15/2001. The mechanism of injury was not provided. Prior surgeries included a right carpal tunnel release, right flexor tenosynovectomy, and a release of an A-1 pulley ring finger on 04/27/2013. Other therapies included occupational therapy. Additional therapies included a steroid injection. Original request for diagnostic nerve block was on 12/10/2013. The documentation of 11/21/2013 revealed the injured worker had pain in the right palm/wrist, right ring finger, and occasional popping of the right wrist after weight bearing. The physical examination revealed the injured worker had continued chronic pain to the scapholunate and lunate dorsal surface on the right wrist and very specific hypothenar eminence chronic pain under to the carpal tunnel scar. The treatment plan included a dynasplint for the right wrist dorsiflexion and palmarflexion and a diagnostic nerve block to the area of the greatest pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DIAGNOSTIC NERVE BLOCK - POSTERIOR INTERSSEOUS NEVE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 35, 36.

**Decision rationale:** The California MTUS Guidelines recommend a diagnostic sympathetic block for the diagnosis of CRPS. The clinical documentation submitted for review failed to provide the injured worker had signs and symptoms to support a diagnosis of CRPS. The documentation indicated the injured worker was to receive the block for pain relief. Given the above, the request for diagnostic nerve block posterior interosseous nerve is not medically necessary.