

Case Number:	CM14-0042417		
Date Assigned:	06/30/2014	Date of Injury:	05/02/2011
Decision Date:	11/26/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 right-handed man long-haul truck driver had a pallet inside the truck fall and hit his head on 5/2/2011. He did not lose consciousness but developed neck and shoulder pain. He also had bearable 8/10 left arm numbness and pain. Nerve conduction velocity showed a left ulnar neuropathy consistent with cubital tunnel syndrome. His diagnoses include degenerative spondylosis of the cervical spine, cervicgia and left arm numbness and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks (for RSD, Nerve Blocks), R.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks (for RSD/CRPS, Nerve Blocks), Regional Sympathetic Block.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) are not recommended except in the case of diagnosis and therapy for complex regional pain syndrome. Per Chronic Pain Medical Treatment Guidelines, intravenous regional sympathetic blocks are not

recommended, except as indicated below when other treatments are contraindicated. Although there is very limited scientific evidence to support this treatment, it is recommended as an option in certain cases when there are no other alternatives. When the procedure is performed, it must be done in conjunction with a rehabilitation program. There is no role for intravenous regional sympathetic blocks for the diagnosis of reflex sympathetic dystrophy / complex regional pain syndrome. There is no evidence-based peer-reviewed literature to support an ulnar nerve block for arm numbness and pain until all other methods of pain control are exhausted. Therefore, this request is not medically necessary.