

Case Number:	CM14-0166418		
Date Assigned:	10/13/2014	Date of Injury:	11/09/2012
Decision Date:	01/02/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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:

49 year old male injured worker with injury date of 11/9/12 with related right index finger pain. Per progress report dated 9/2/14, the injured worker stated that his pain began as a result of a "work injury where he crushed the tip of his right pointer finger." He stated that his pain was "constant and described as burning, stabbing, throbbing, sharp, shooting, aching and tight." He had associated weakness in that finger, coldness, sensitivity and feeling of pins and needles when touched. The pain was worse with moving the hands, gripping things, and holding. The pain was better with rest, no movement, medications, heat, and medical marijuana. Per physical exam, there was no range of motion of the right index finger. There was pain and tenderness present of the right index finger upon palpation. Treatment to date has included physical therapy, and medication management. The date of UR decision was 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Digital Nerve Block with Steroid under Ultrasound Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Raj's Practical Management of Pain 4th edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7276851>

Decision rationale: The MTUS is silent on the use of digital nerve blocks. Per the US National Library of Medicine National Institutes of Health, "wrist and digital nerve blocks are useful for the management of many common problems of the hands and fingers, including fractures, lacerations, and infections requiring drainage. The principal nerves in the wrist (radial, median, and ulnar), and the digital nerves in the hand or fingers are anatomically superficial." The documentation submitted for review supports the requested procedure. The UR physician has certified a modification of the original request. The original request was for 3 injections, and a trial of 1 injection was certified by the UR physician. As this request is currently for 1 injection, it is medically necessary.