

Case Number:	CM14-0193749		
Date Assigned:	12/01/2014	Date of Injury:	08/29/2013
Decision Date:	03/10/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male worker was injured on 08/29/2013 while being employed. On Physician's Progress Report date 10/24/2014 he complained of right lateral elbow pain with numbness and tingling in the right hand. On examination he was noted to have a positive Tinel's sign on the right and a positive elbow flexion test, tenderness over the right lateral elbow and right medial elbow and ulnar nerve at to the medial elbow. Right wrist had a positive Tinel's sign and Phafen's test at the wrist. The injured worker diagnoses were as follow: Right carpal tunnel syndrome, right cubital tunnel syndrome and right lateral epicondylitis. He was on the following medication regimen: Voltaren, Prilosec, and Menthoderm Gel. Treatment plan included cortisone injections and nerve block to the right lateral elbow and right median nerve under ultrasound guidance. The injured worker was noted to be temporary total disabled. The Utilization Review dated 10/21/2014 non-certified the request for Retro Nerve Block Injection Right Median Nerve and Retro Nerve Block Injections Right Lateral Elbow as not medical necessary. The submitted application for this medical review only requested review of Retro Nerve Block Injection Right Median Nerve. The reviewing physician referred to CA MTUS ACOEM Guidelines for recommendations, stating CA MTUS ACOEM and ODG do not address Retro for nerve block injections to the right lateral elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Nerve block injection at right median nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter on injections

Decision rationale: This patient presents with right lateral elbow pain with numbness and tingling in the right hand. The treater is requesting a RETROSPECTIVE REQUEST FOR NERVE BLOCK INJECTION AT THE RIGHT MEDIAN NERVE. The patient's work status is TTD. The MTUS and ACOEM Guidelines do not address this request; however, the ODG Guidelines under the pain chapter on injections in general recommends pain and functional improvement for repeat injections. Injection for median nerve is recommended on a trial basis as well. ODG states a very minimum relief of pain to an extent of 50% for a sustained period and clearly result in documented reduction in pain medication, improved function, and return to work. The 10/07/2014 report notes, "Reports that the last cortisone injection did not help. He reports continued pain in the right lateral elbow as well as numbness and tingling in the right hand." Examination shows a positive Tinel's sign on the right with a positive elbow flexion test. There is tenderness over the right medial elbow and ulnar nerve at the medial elbow. The treater went ahead and performed another set of cortisone injection per this report. In this case, the patient's last cortisone injection did not result in at least 50% pain relief including functional improvement, decreased medications, and return to work. Given the lack of functional improvement with his last cortisone injection, the current request for retrospective median nerve block injection at the right median nerve IS NOT medically necessary.