

Case Number:	CM15-0108343		
Date Assigned:	06/15/2015	Date of Injury:	11/19/2001
Decision Date:	07/16/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of November 19, 2001. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for median nerve blocks for the wrist. The claims administrator referenced an April 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 7, 2015, it was stated that the applicant had ongoing issues of bilateral wrist pain. The applicant had reportedly undergone multiple carpal tunnel release procedures without benefit. The applicant did have superimposed issues with diabetic peripheral neuropathy, it was acknowledged. The applicant had undergone earlier failed lumbar fusion surgeries, it was reported. The applicant was severely obese, with a BMI of 37, it was reported. Postoperative wounds about the wrist were noted. 8/10 pain complaints were reported. The applicant was asked to employ Dilaudid, Lyrica, Cymbalta, Elavil, Tizanidine, Celebrex, and Lunesta for pain relief. Bilateral medial branch blocks were sought. On March 10, 2015, the applicant had been terminated by his former employer. The attending provider again failed authorization for bilateral medial branch blocks. The remainder of the file was surveyed. There was no evidence that the applicant had had median nerve blocks following the earlier failed carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral median nerve blocks for the wrists: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Yes, the proposed bilateral median nerve blocks were medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the injection of corticosteroid into the carpal tunnel is "recommended" for mild to moderate cases of the carpal tunnel syndrome after a trial of medication or splinting. Here, the attending provider stated that the applicant had seemingly suggested that the applicant had failed medication, splinting, earlier carpal tunnel release surgeries, etc. The applicant's poor outcome was attributed, in part, to superimposed issues with diabetic neuropathy. Moving forward with the median nerve block at issue was, thus, indicated, as it did not appear that the applicant was a candidate for further surgical release procedures. Therefore, the request was medically necessary.