

<b>Case Number:</b>	CM15-0147670		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 4-25-2014. She reported developing pain in the right arm from repetitive activity and subsequently to the left arm from overuse. Diagnoses include right shoulder bursitis, bilateral carpal tunnel syndrome; status post left carpal tunnel release and left submuscular ulnar nerve transposition on 2-20-15. Treatments to date include activity modification, medication therapy, acupuncture treatments, and physical therapy. Currently, she complained of pain and swelling in the left hand. Pain was rated 6 to 8 out of 10 VAS. On 6-22-15, the physical examination documented edema and modeling of the left hand with hyperalgesia and allodynia over the dorsum, ulnar side and median side of the radial nerve distribution. The treating diagnosis included possible complex regional pain syndrome (CRPS), left upper extremity. The plan of care included a request to authorize a left median nerve block, a left ulnar nerve block and ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Median Nerve Block qty 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment, Integrated Treatment/Disability Duration guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Injection with anesthetics and/or steroids Pain (Chronic) Chapter under CRPS, sympathetic blocks (therapeutic) Elbow (Acute & Chronic) Chapter under Ultrasound, diagnostic.

**Decision rationale:** Based on the 07/22/15 progress report provided by treating physician, the patient presents with left upper extremity pain rated 6-8/10. The patient is status post status post left carpal tunnel release and left submuscular ulnar nerve transposition 02/20/15. The request is for LEFT MEDIAN NERVE BLOCK QTY 1.00. RFA with the request not provided. Patient's diagnosis on 07/22/15 included possible complex regional pain syndrome, peripheral neuralgia, and chronic pain. Physical examination to the left hand on 07/22/15 revealed edema, modeling, hyperalagia and allodynia over the dorsum, ulnar side and median side of the hand radial nerve distribution. Treatment to date has included surgery, acupuncture, physical therapy and medications. Patient's medications include Gabapentin and Hydrocodone APAP. Patient's work status not available. MTUS/ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Elbow update, pages 22- 24, under the topic Injections, for Corticosteroid injections states: "Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended." ODG-TWC, Pain (Chronic) Chapter, Injection with anaesthetics and/or steroids states: "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain. ODG-TWC, Pain (Chronic) Chapter under CRPS, sympathetic blocks (therapeutic) states: "Recommend local anesthetic sympathetic blocks for limited, select cases, as indicated below. Local anesthetic sympathetic blocks: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. (Harden, 2013)" ODG-TWC, Elbow (Acute & Chronic) Chapter under Ultrasound, diagnostic states: "Ultrasound guidance for injections: Not generally recommended. Conventional anatomical guidance by an experienced clinician is generally adequate." Treater states in progress report dated 07/01/15 "I am requesting authorization to proceed with a fluoroscopic-guided stellate ganglion block for the left upper extremity. The patient has signs and symptoms consistent with complex regional pain syndrome and it will imperative to get her in for a stellate ganglion block followed by physical therapy. If she has inadequate response to injection, I will consider repeating it." Per 07/22/15 report,

treater states "I am requesting authorization to proceed with a left ultrasound-guided median nerve block and ulnar nerve block. These will capture synthetic fibers. If [the patient] does have symptomatic pain, this will also help. It will not be a specific sympathetic mediated pain. However, I think it is useful and i have done this on several patients with good results. Kindly authorize one injection to each nerve with ultrasound guidance, which was needed for safety and correct needle placement." ODG and ACOEM do support trial of injections for short term relief to allow recovery from exercises and therapy. This request would appear to be reasonable given patient's postoperative status, continued pain and diagnosis. However, treater intends to use ultrasound guidance with the requested injection. Ultrasound guidance is "not generally recommended" by guidelines, since "Conventional anatomical guidance by an experienced clinician is generally adequate," per ODG. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Left Ulnar Nerve Block qty 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment, Integrated Treatment/Disability Duration guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Injection with anesthetics and/or steroids Pain (Chronic) Chapter under CRPS, sympathetic blocks (therapeutic) Elbow (Acute & Chronic) Chapter under Ultrasound, diagnostic.

**Decision rationale:** Based on the 07/22/15 progress report provided by treating physician, the patient presents with left upper extremity pain rated 6-8/10. The patient is status post status post left carpal tunnel release and left submuscular ulnar nerve transposition 02/20/15. The request is for LEFT ULNAR NERVE BLOCK QTY 1.00. RFA with the request not provided. Patient's diagnosis on 07/22/15 included possible complex regional pain syndrome, peripheral neuralgia, and chronic pain. Physical examination to the left hand on 07/22/15 revealed edema, modeling, hyperalgia and allodynia over the dorsum, ulnar side and median side of the hand radial nerve distribution. Treatment to date has included surgery, acupuncture, physical therapy and medications. Patient's medications include Gabapentin and Hydrocodone APAP. Patient's work status not available. MTUS/ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Elbow update, pages 22- 24, under the topic Injections, for Corticosteroid injections states: "Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended." ODG-TWC, Pain (Chronic) Chapter, Injection with anaesthetics and/or steroids states: "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain. ODG-TWC, Pain (Chronic) Chapter under CRPS, sympathetic blocks (therapeutic) states: "Recommend local anesthetic sympathetic blocks for

limited, select cases, as indicated below. Local anesthetic sympathetic blocks: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful window of opportunity for rehabilitation techniques. (Harden, 2013)" ODG-TWC, Elbow (Acute & Chronic) Chapter under Ultrasound, diagnostic states: "Ultrasound guidance for injections: Not generally recommended. Conventional anatomical guidance by an experienced clinician is generally adequate." Treater states in progress report dated 07/01/15 "I am requesting authorization to proceed with a fluoroscopic-guided stellate ganglion block for the left upper extremity. The patient has signs and symptoms consistent with complex regional pain syndrome and it will imperative to get her in for a stellate ganglion block followed by physical therapy. If she has inadequate response to injection, I will consider repeating it." Per 07/22/15 report, treater states "I am requesting authorization to proceed with a left ultrasound-guided median nerve block and ulnar nerve block. These will capture synthetic fibers. If [the patient] does have symptomatic pain, this will also help. It will not be a specific sympathetic mediated pain. However, I think it is useful and i have done this on several patients with good results. Kindly authorize one injection to each nerve with ultrasound guidance, which was needed for safety and correct needle placement." ODG and ACOEM do support trial of injections for short term relief to allow recovery from exercises and therapy. This request would appear to be reasonable given patient's postoperative status, continued pain and diagnosis. However, treater intends to use ultrasound guidance with the requested injection. Ultrasound guidance is "not generally recommended" by guidelines, since "Conventional anatomical guidance by an experienced clinician is generally adequate," per ODG. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Ultrasound guidance qty 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment, Integrated Treatment/Disability Duration guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Injection with anaesthetics and/or steroids Pain (Chronic) Chapter under CRPS, sympathetic blocks (therapeutic) Elbow (Acute & Chronic) Chapter under Ultrasound, diagnostic.

**Decision rationale:** Based on the 07/22/15 progress report provided by treating physician, the patient presents with left upper extremity pain rated 6-8/10. The patient is status post status post left carpal tunnel release and left submuscular ulnar nerve transposition 02/20/15. The request is for ULTRASOUND GUIDANCE QTY 1.00. RFA with the request not provided. Patient's diagnosis on 07/22/15 included possible complex regional pain syndrome, peripheral neuralgia, and chronic pain. Physical examination to the left hand on 07/22/15 revealed edema, modeling,

hyperalagia and allodynia over the dorsum, ulnar side and median side of the hand radial nerve distribution. Treatment to date has included surgery, acupuncture, physical therapy and medications. Patient's medications include Gabapentin and Hydrocodone APAP. Patient's work status not available. MTUS/ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Elbow update, pages 22- 24, under the topic Injections, for Corticosteroid injections states: "Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended." ODG-TWC, Pain (Chronic) Chapter, Injection with anesthetics and/or steroids states: "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain. ODG-TWC, Pain (Chronic) Chapter under CRPS, sympathetic blocks (therapeutic) states: "Recommend local anesthetic sympathetic blocks for limited, select cases, as indicated below. Local anesthetic sympathetic blocks: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful window of opportunity for rehabilitation techniques. (Harden, 2013)" ODG-TWC, Elbow (Acute & Chronic) Chapter under Ultrasound, diagnostic states: "Ultrasound guidance for injections: Not generally recommended. Conventional anatomical guidance by an experienced clinician is generally adequate." Treater states in progress report dated 07/01/15 "I am requesting authorization to proceed with a fluoroscopic-guided stellate ganglion block for the left upper extremity. The patient has signs and symptoms consistent with complex regional pain syndrome and it will imperative to get her in for a stellate ganglion block followed by physical therapy. If she has inadequate response to injection, I will consider repeating it." Per 07/22/15 report, treater states "I am requesting authorization to proceed with a left ultrasound-guided median nerve block and ulnar nerve block. These will capture synthetic fibers. If [the patient] does have symptomatic pain, this will also help. It will not be a specific sympathetic mediated pain. However, I think it is useful and i have done this on several patients with good results. Kindly authorize one injection to each nerve with ultrasound guidance, which was needed for safety and correct needle placement." ODG and ACOEM do support trial of injections for short term relief to allow recovery from exercises and therapy. This request would appear to b e reasonable given patient's postoperative status, continued pain and diagnosis. However, ultrasound guidance is "not generally recommended" by guidelines, since "Conventional anatomical guidance by an experienced clinician is generally adequate," per ODG. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.