

<b>Case Number:</b>	CM15-0046862		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 34 year old female, who sustained an industrial injury on April 4, 2013. The injured worker was diagnosed as having radial neuropathy and right carpal tunnel syndrome. Treatment and diagnostic studies to date have included nerve conduction study and magnetic resonance imaging (MRI). A progress note dated January 26, 2015 the injured worker complains of right forearm and hand pain with tightness and throbbing. Physical exam notes positive Tinel's and Phalen's test. There is mention of prior magnetic resonance imaging (MRI) of right upper extremity, cervical spine and nerve conduction study right upper extremity. The plan includes diagnostic block of the right radial tunnel X2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic block of the right radial tunnel x 2:** 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 <http://www.ncbi.nlm.nih.gov/pubmed/3581572> Official disability guidelines Elbow Chapter Surgery for radial tunnel syndrome.

**Decision rationale:** Per the 01/26/15 report by [REDACTED] the patient presents with continued right arm pain. This includes pain to the right dorsal central forearm, junction of the proximal and middle thirds; throbbing sensation in the palmar aspect of the right hand including thenar eminence radiating distally into the digits; and pain to the right volar distal one-third of the forearm. Tinel's test on the right is positive and wrist flexion/compression test is positive right. Nerve conduction studies of the right upper extremity are cited and are said to be normal. An MRI is noted to show no significant abnormality of the right elbow joint. The assessment is: radial neuropathy. The current request is for **DIAGNOSTIC BLOCK OF THE RIGHT RADIAL TUNNEL X 2** per the 01/26/15 RFA included. The 02/24/15 utilization review modified this request from X 2 to x 1. The patient is working modified duty as of 11/24/14. The MTUS guidelines do not discuss Radial Tunnel Syndrome. ODG, Elbow Chapter Surgery for radial tunnel syndrome lesion of radial nerve, discusses surgery but does not address diagnostic block. The National Institutes of Health has the following regarding diagnostic radial tunnel block [http://www.ncbi.nlm.nih.gov/pubmed/3581572-Radial tunnel syndrome](http://www.ncbi.nlm.nih.gov/pubmed/3581572-Radial+tunnel+syndrome). A ten-year surgical experience. In a ten-year experience with radial tunnel syndrome surgery, 34 of 42 patients had follow-up examination of more than six months (average, 24 months). Although 74% of the patients were improved after surgery, about one-third had some persistent pain and functional restriction. Static electromyographic analysis was not diagnostically helpful. However, diagnostic radial tunnel block was prognostically helpful. Patient selection was important in predicting surgical outcome. In worker's compensation cases, symptoms would often persist. Some patients also appeared to have symptoms referable to compression of the posterior interosseous nerve and tendinitis of the extensor origin, and others had additional ipsilateral compressive neuropathies. The reports do not discuss the reason for this request. Reports only indirectly mention the recommendation of injections by [REDACTED]. Available guidelines discuss the requested diagnostic block for treatment of Radial Tunnel Syndrome; however, there is no diagnosis of this condition for this patient. Lacking an explanation of the need for this request and recommendation by guidelines, the request IS NOT medically necessary.