

Case Number:	CM15-0060705		
Date Assigned:	04/07/2015	Date of Injury:	04/03/2014
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 37-year-old male who sustained an industrial injury on 4/3/14. Diagnoses include tendon laceration and status post surgery. Treatment to date has included medications, acupuncture, surgery and physical therapy (PT). Diagnostics performed to date included x-rays, MRI and electrodiagnostic testing. According to the office notes dated 2/13/15, the IW reported left ring finger pain. Objective findings were hypersensitivity of the radial and ulnar nerves to the distal phalanx of the ring finger. A request was made for radial and ulnar digital nerve block of the left index finger due to continued pain despite treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

R/U digital nerve block of the left index finger: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work-related injury more than one year ago with a left index finger lacerations being requested is a diagnostic digital nerve block. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant has ongoing pain after a digital nerve injury treated surgically. Therefore, the requested nerve blocks are medically necessary.