MAXIMUS Federal Services

Case Number:	CM14-0143878		
Date Assigned:	09/12/2014	Date of Injury:	09/12/2013
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported injury on 09/12/2013; reportedly the injured worker was at work eating her noodles, sitting in a chair, and then all of a sudden, the chair fell backwards and she felt a sharp pain in her right wrist. The injured worker's treatment history included medications, physical therapy sessions, and post right fluoroscopic guided stellate ganglion block. The injured worker was evaluated on 07/28/2014 and it was documented the injured worker was there for a follow-up evaluation. She was status post right fluoroscopically guided stellate ganglion block on 07/07/2014. The injured worker stated that she had 2 days of pain relief in her right hand. Following that, the pain had returned. She also noted the pain was worse following the injection. She had pain in her hand. She had pain on the side of her thumb in the 1st and 2nd digits. The pain was also traveling up her arm into the shoulder. She denied neck pain. She had some swelling in the neck and discoloration following the injection that had subsided. She was quite distraught by her current level of pain. She stated the anti-inflammatory was not helping her. Objective findings included: she had hypersensitivity over the radial and median nerve distribution. The right hand appeared slightly edematous compared to the left. It was also slightly erythematous. Diagnoses included possible complex regional pain syndrome, right upper extremity, possible right radial and median nerve neuritis, right upper extremity. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Radial Nerve Block- Right Median Nerve Block under Ultrasound Guided: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm Wrist, & Hand Injections

Decision rationale: Nerve Median block is recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below.DE Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone. This rate was much higher than any other therapeutic modality (61% for injection and splint, 14% for splint alone, 0% for rest or non-steroidal anti-inflammatory drugs). For de Quervain's tenosynovitis (a common overuse tendon injury of the hand and wrist), corticosteroid injection without splinting is the preferred initial treatment (level of evidence). Compared with non-steroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate for de Quervain's tenosynovitis. In most patients, symptoms resolve after a single injection. Corticosteroid injections are 83% curative for de Quervain's tenosynovitis, with the highest cure rate versus the use of non-steroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). For this condition, corticosteroid injection without splinting is the recommended treatment. All patients in the steroid injection group achieved complete relief of pain whereas none of the patients in the thumb spica group had complete relief of pain. Trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. Steroid injection therapy should be the first-line treatment of trigger fingers in no diabetic patients. In diabetics, the success rate of steroid injection is significantly lower. Injection therapy for type 1 diabetics was ineffective in this study. Surgical release of the first annular (A1) pulley is most effective overall in diabetics and no diabetics alike, with no higher rates of surgical complications in diabetics. Steroid injection in the flexor sheath at the level of the A1 pulley is an effective method of treating patients with trigger finger and should be considered as the preferred treatment. This RCT concluded that local injection with triamcinolonacetonide is effective and safe for treating trigger finger as compared to placebo injection. The effects of steroid injections last up to 12 months. The injured worker was status post right fluoroscopically guided stellate ganglion block, dated 07/07/2014, that provided only minimal relief for 2 days. The injured worker's treatment to date had included medications, anti-inflammatories, physical therapy, and stellate ganglion blocks. However, the provider failed to indicate outcome measurements of previous conservative care me.