

<b>Case Number:</b>	CM15-0013012		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/07/2004
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Hawaii

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:

This 55 year old male sustained an industrial injury on 2/7/04, with subsequent ongoing neck, bilateral hand and right elbow pain. Treatment included cervical fusion and medications. In an orthopedic reevaluation dated 7/23/14, the injured worker complained of bilateral hand pain and right elbow pain with ongoing hand numbness and paresthesias causing difficulty with pinching, grasping, pushing and pulling. Physical exam was remarkable for tenderness to palpation to cervical spine with decreased range of motion and spasms, tenderness to palpation over the medial epicondyle on the right and bilateral hands with decreased sensation over bilateral median nerve root with positive Tinel's test. The physician noted that EMG done one year ago revealed radiculitis and bilateral carpal tunnel syndrome. Current diagnoses included cervical spine spondylosis with ruptured disc status post discectomy and fusion, bilateral carpal tunnel syndrome and bilateral ulnar nerve neuritis. On 1/8/15, Utilization Review noncertified a request for retrospective nerve block noting lack of records with rationale to support injection for pain and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Block:** Upheld

**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 ODG Ankle and Foot chapter: Injections

**Decision rationale:** The patient has persistent complaints of chronic ankle and foot pain. The current request is for Retro Nerve Block. The diagnoses taken from the attending physician reports dated 7/8/14, 8/5/14, 8/19/14, and 10/31/14 include calcaneal fracture, crush injury, sinus tarsi, and traumatic arthritis. Treatment has included Terocin/Lidocaine lotion, and H-Wave stimulation. A trigger point injection was administered on 10/31/14. The ODG guidelines do not recommend injections for tendonitis or Morton's Neuroma, and do not recommend intra-articular corticosteroids. There are no available records for review which indicate a request for nerve block. There are insufficient medical records to support the requested nerve block. Also, the IMR request does not specify location or number of nerve blocks requested. As such, the current request is not medically necessary and the recommendation is for denial.