

Case Number:	CM15-0015024		
Date Assigned:	02/11/2015	Date of Injury:	11/16/2012
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 11/16/2012. The diagnoses have included neuralgia, neuritis, and radiculitis, unspecified. Treatment to date has included surgical intervention (right carpal tunnel release 12/12/2013, right brachial plexus blocks x3 from 12/12/2013 to 1/2014) and conservative measures. The progress note, dated 10/24/2014, referenced electromyography /nerve conduction studies of the right upper limb as revealing no evidence of right median, ulnar, or radial nerve neuropathy, peripheral polyneuropathy, brachial plexopathy, or cervical radiculopathy. Currently, the injured worker complains of ongoing right arm pain, neck spasm, and twitching in his right fourth digit. Myofascial tenderness was noted in the cervical spine and hyperalgesia in the dorsum of the hand. Current medications included Naproxen, Oxycodone HCL, and Neurontin. On 12/29/2014, Utilization Review non-certified a request for ultrasound guided peripheral nerve block, right hand, #3. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided peripheral nerve block, right hand #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 269. Decision based on Non-MTUS Citation UpToDate: Peripheral Nerve Block: Techniques

Decision rationale: According to the ACOEM, "most invasive techniques such as needle acupuncture and injection procedures have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel." The ACOEM also states "In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without steroids." The ACOEM does not specifically address peripheral nerve blocks in the hand. UpToDate states "Peripheral nerve blocks of the upper extremity are used for operative or postoperative analgesia for a variety of upper extremity surgeries...Ultrasound guidance results in a low incidence of pneumothorax, inadvertent vascular puncture, and block failure. Peripheral nerve block in this case would be expected to have brief benefit at best which the medical record indicates was the experience of the previous block. It is not indicated for the chronic pain in this case.