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Notice of Independent Review Decision

DATE OF REVIEW: 04/02/2010

IRO CASE #:

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Pain Management (Board Certified) doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ulnar peripheral nerve block with ultrasound and anesthesia x 1 at left wrist

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o Approximately 2 inches of medical records and billing records were submitted for review.
- o March 7, 2001 through May 24, 2001 records from M.D.
- o October 1, 2002 behavioral medicine consultation report by Ph.D.
- o February 1, 2000 operative report by D.O.
- o April 3, 2002 report by M.D.
- o April 11, 2001 electrodiagnostic report by M.D.
- o February 25, 2010 and March 9, 2010 utilization review reports from Coventry
- o March 2003 Medicare Part B information from Health Enterprises, LLC
- o June 6, 2003, June 9, 2003, and July 7, 2003. Imaging reports from Diagnostic Clinic
- o May 16, 2003 through July 8, 2003 billing information from Medtronic
- o September 18, 2003 letter from Network Partners
- o August 5, 2002 through December 3, 2002 billing information from Dr.
- o October 10, 2005 note by M.D.
- o September 26, 2003 and May 17, 2001 letters from
- o May 16, 2000 to January 27, 2010 records from the office of M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an industrial injury on x/xx/xxxx.
On February 1, 2000, the patient underwent left carpal tunnel release.

The patient underwent a stellate ganglion block on the left on May 16, 2000. The report notes that if it fails to provide her relief, the next step would be to perform local anesthetic and steroid injections at the wrist over the ulnar nerve. She underwent an ulnar nerve block on June 12, 2000. She was seen on June 30, 2000 and it was noted that the ulnar nerve block provided her 50% improvement overall, however, her third finger still continued to hurt considerably. The fourth and fifth fingers symptoms had significantly decreased. An August 2, 2000 report indicates that the patient is status post ulnar nerve blocks with nearly complete relief of her ulnar nerve symptoms. Residual symptoms were attributed to the median nerve and the physician performed a carpal tunnel injection.

An April 11, 2001 electrodiagnostic report indicates that stellate ganglion blocks did not help but the wrist injections did help. The patient underwent an EMG/NCV which was normal in the left upper extremity. The physician opined that the patient does not suffer from carpal tunnel syndrome.

The patient was seen on July 11, 2001 and it was noted that she was taking Neurontin and Elavil. The physician recommended topical medication. On April 11, 2002, the patient was begun on Topamax. A May 9, 2002 note indicates that she is having visual changes and sedation with the current dose of Topamax. Medication was managed with adjustments in levels of Topamax. In July 2002, Topamax was discontinued and Neurontin was increased.

On October 20, 2003, it was noted that the patient is doing quite well with a spinal cord stimulator implant from July 2003. She was seen on January 29, 2004 and reported excellent relief of her pain with the dorsal column stimulator.

As of January 2005, it was noted that the patient feels she is doing well with her current pain management, including the spinal cord stimulator. She was continued on medications. She was seen on July 19, 2005 and she was continued on Neurontin and Elavil. On October 17, 2005, the patient rated her pain 7/10 and she stated that the dorsal column stimulator does help, but she is unable to use it at night because it wakes her up when she turns over in certain positions.

A May 17, 2006 note that the patient has a stimulator in place, which provides about 50% improvement of her pain. This note states that she has responded to ulnar nerve blocks in the past. She underwent a left ulnar nerve block with Depo-Medrol and Marcaine. An October 3, 2006 note states that the stimulator continues to work while giving her about 80% improvement. She had pain upon exam predominantly between the third and fourth digits. There was no discoloration of the hand and it was warm to touch. No mention was made in this report as to the patient's response to the ulnar nerve block.

On November 14, 2007, the patient reported that she is getting good relief with a stimulator and Neurontin. She continues to work full-time and participates in activities of daily life. A May 7, 2008 note indicated that she is doing well on Neurontin and overall it is very helpful. Examination revealed pain in the left hand between the third and fourth digits.

A June 24, 2009 report indicates that the ulnar nerve block injection was done last on May 17, 2006 and provided her with 80% improvement that lasted for multiple years. She continues to work full-time. She needs to be able to use her hand effectively throughout her job duties and due to the increasing pain that she is having, an ulnar block was recommended. The records reflect that an ulnar nerve block was performed on August 31, 2009.

A November 10, 2009 note includes a handwritten statement that the last injection was on August 31, 2009 with 65% relief. The documentation reflects that the patient answered questions regarding activities of daily living. There is a notation of an "X" between the boxes for same and better regarding physical functioning. The words "housecleaning/cooks working FT" are written beside the X mark. The patient reported pain in the left hand between the third and fourth digits.

She was seen on January 27, 2010 and a notation indicates that the patient underwent an injection in August 2009 with 80% relief. Pain has increased in the last one to two months. The dorsal column stimulator is helpful with 60 to 70% pain relief. The patient reported a pain level of 3/10. She was examined and noted to have blood pressure 130/78, pulse 108, respiratory rate 24, and normal findings regarding diaphoresis/sweating. The review of systems was positive for mild paresthesia and moderate spasms.

The request was reviewed on February 25, 2010 and a non-certification was rendered. The report noted that the patient had an injection in August 2009 with 80% relief. The report noted that the records submitted did not provide objective documentation regarding improvement of function associated with the injection. The records did not provide objective documentation regarding failure of conservative care such as physical therapy, exercises, medication, and splints prior to the requested an invasive procedure.

The request was again reviewed on March 9, 2010 and a non-certification provided. The submitted records reportedly did not provide any early history. The first available clinical record was from June 24, 2009. It was noted that the patient had a spinal cord stimulator with 50% relief. Medications included Neurontin. It was noted that the patient underwent a left ulnar nerve block with Depo-Medrol and Marcaine on "08/31/05.". She reportedly had 65% relief. A clinic note from November 10, 2009 reported that she had left hand pain between the third and fourth digits. She was seen in follow-up on January 27, 2010 with a reported pain level of 3/10. Examination findings were not documented. It was noted that she received 80% relief from an injection in August which was noted to be contrary to the previous documentation. Her dorsal column stimulator was reported to be helpful. (It should be noted that although the peer review report noted a previous left ulnar nerve block on August 31, 2005, the report later refers to an ulnar nerve block performed on "08/31/09" with 65% relief.) The reason for non-certification was documented as a lack of physical examination and pertinent clinical information. It was noted that there appears to be some discrepancy in terms of the patient's response to previous injections. She was previously reported to have 65% relief, yet the clinical note dated January 27, 2010 reports 80% relief.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The submitted documentation indicates that the patient underwent an ulnar nerve block on June 12, 2000. On June 30, 2000, she reported 50% improvement overall. The records provide no indication that the patient underwent an injection on August 31, 2005 as stated in the March 9, 2010 utilization review report. The records do not include billing information from this date of service. The October 17, 2005 note does not mention that an injection was performed in August 2005. This most likely represents a typographical error in the utilization review report.

She underwent another ulnar nerve block on May 17, 2006. A June 24, 2009 report notes that the last injection was done on May 17, 2006 and provided her with 80% improvement that lasted for multiple years. She continued to work full-time. She underwent another injection on August 31, 2009. Although there is a discrepancy in the records, the patient reported between 65% and 80% relief with this injection. There is an indication that the patient's activities of daily living improved. As of January 27, 2010, the pain had increased in the last one to two months. Another ulnar nerve block was requested.

Voluminous records have now been submitted for review which thoroughly outline the patient's treatment history. The records reflect that the patient has had extensive treatment with medications, stellate ganglion block, surgery, and a spinal cord stimulator. Despite these treatments, she has had continued symptoms involving the third and fourth digits which have responded to ulnar nerve blocks. Based on the submitted documentation, my recommendation is to overturn the decisions for non-certification of an ulnar nerve block.

The IRO's decision is consistent with the following guidelines:

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

Official Disability Guidelines/Forearm, Wrist, and Hand Chapter:

Injection:

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 nonsteroidal anti-inflammatory drugs). (Richie, 2003) (Lane, 2001) 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, B). Compared with nonsteroidal 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 vs the use of nonsteroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). For this condition, corticosteroid injection without splinting is the recommended treatment. (Stephens, 2008) This Cochrane review found one controlled clinical trial of 18 participants that compared one steroid injection with methylprednisolone and bupivacaine to splinting with a thumb spica for de Quervain's tenosynovitis. 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. (Peters-Veluthamaningal, 2009)

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. (Kazuki, 2006) (Murphy, 1995) (Van Ijsselkj, 1998) (Paavola, 2002) Steroid injection therapy should be the first-line treatment of trigger fingers in nondiabetic 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 nondiabetics alike, with no higher rates of surgical complications in diabetics. (Nimigan, 2006) 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 triamcinolonacetone is effective and safe for treating trigger finger as compared to placebo injection. The effects of steroid injections last up to 12 months. (Peters-Veluthamaningal, 2008)