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Notice of Independent Review Decision

DATE OF REVIEW: 2/7/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a bilateral median nerve block on the wrist. (20605, J1040, J3010, J2250, J7040)

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a bilateral median nerve block on the wrist. (20605, J1040, J3010, J2250, J7040)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and Center for Pain Management. (CPM)

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 12/29/11 denial letter with doctor report, 1/11/12 denial letter with doctor report, 12/23/11 preauth form, 11/17/11 to 12/22/11 follow up reports by, PAC, 9/29/11 and 10/27/11 office notes by, PAC and 8/24/11 and 10/13/11 ROM testing and muscle testing reports.

CPM: All records were duplicative of the others mentioned above.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a patient that is a male who reported an injury on xx/xx/xx. The clinical note dated 09/29/2011 revealed the patient was status post left median nerve block with 50-60% pain relief. The patient stated he no longer had sharp pain, but felt pressure around the wrist bilaterally, more pronounced on the left wrist. The patient rated his level of pain at 3/10. Physical examination noted bilateral hand grip 4/5, finger resistance 4/5 and Tinel's, Phalen's and thumb abduction tests were all positive. At that time, the patient was recommended for repeat bilateral wrist median nerve block. The note dated 12/22/2011 revealed the patient presented with complaints of sharp, dull and burning sensation in the bilateral wrists and hand pain accompanies by a numbing sensation. The patient reported pain increased with reaching and use of upper extremities and that pain was decreased with oral medications. Note detailed that patient had carpal tunnel release to the left and right wrist in 2001. Physical examination noted Phalen's, Tinel's, bilateral thumb abduction test to all be positive. The patient's grip strength was noted to be 4/5 and restricted range of motion with extension, flexion, internal and external rotation secondary to pain. It is noted that the patient had completed 6 weeks of physical therapy with no improvement. At that time, the right wrist median nerve block was recommended.

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

The patient is a male who reported an injury on xx/xx/xx. The patient is noted to have undergone bilateral carpal tunnel releases in 2001. It is noted the patient had previously received a left median nerve block with 50-60% pain relief for 6 weeks. Physical examinations have noted that the patient has positive Tinel's, Phalen's, and thumb abduction tests all being positive. The patient has continued complaints of bilateral wrist pain accompanied by numbness. The guidelines recommend a single injection as an option in conservative treatment and repeat injections are only recommended if there is evidence that a patient responded to the first injection and is unable to undertake a more definitive surgical procedure at that time. The documentation submitted for review notes that the patient did have previous left median nerve block with 50-60% pain relief for approximately 6 weeks. However, repeat injections are not typically recommended, and there is no documentation submitted for review noting that the patient cannot undertake a more definitive surgical procedure at this time. Therefore, medical necessity of bilateral wrist median nerve blocks is not established and this request is non-certified.

Official Disability Guidelines- Chapter: Carpal Tunnel, Injections Repeat: As noted above, a single injection is recommended. Additional injections are only recommended on a case-to-case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. The response rate to a single injection ranges from 34% to 90%. Limited long-

term effectiveness of steroid treatment has been reported. (Armstrong, 2004)
The following documentation is available in regards to repeat injections. A Cochrane review found that local corticosteroid injection provided greater clinical improvement in symptoms at one month compared to placebo. Significant symptom relief past one month has not been demonstrated. Two local corticosteroid injections did not provide significant added clinical benefits compared to one injection.

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

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)