

Case Number:	CM13-0018624		
Date Assigned:	10/11/2013	Date of Injury:	05/22/1998
Decision Date:	01/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty certificate in Neuromuscular, Electrodiagnostic Medicine, and Internal Medicine, and is licensed to practice in California. 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 physician 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 patient is a 64-year-old female with a past medical history of brachial plexus neuritis, post thoracic outlet surgery, and complex regional syndrome, who developed pain in the upper extremities after a thoracic outlet syndrome surgery performed on December 7, 2012. She has a history of left carpal tunnel syndrome release on January 18 2013. She underwent a brachial plexus block on 02/26/2013 and 08/28/2013. She had five months of relief with her first stellate ganglion block and brachial plexus block. Her neurological examination showed mild reduced sensation in both hands. The MRI of her cervical spine, performed on February 18, 2000, showed degenerative disc disease and disc bulging at C3-C6. The patient underwent a Botox injection of the right upper extremity, neck and trunk on January 18, 2006, and in March 2009 she was seen with partial pain relief. She has had multiple nerve blocks and Botox injections between 2009 and 2012. The provider is requesting nerve injections every 4 months for pain relief, Botox injection for severe muscle spasm in the right pectoral muscles and bilateral scalene muscles injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, right pectoral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox ®; Myobloc ®) Page(s): 25-26.

Decision rationale: According to MTUS guidelines, Botulinum toxin injection is recommended for cervical dystonia and chronic back pain. It is not recommended for chronic pain syndrome, trigger point injection and fibromyositis. It is not recommended for muscle spasms. Furthermore, there is no documentation for objective evidence of severe spasms.

Bilateral scalene block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Initial Care, page 288.

Decision rationale: According to MTUS guidelines, scalene block is indicated for the relief of acute thoracic outlet syndrome and as an adjunct to diagnosis. It is not recommended as a maintenance therapy. Furthermore, there is no documentation regarding the efficacy of the scalene injection performed on 8/28/2013.