

Case Number:	CM13-0026186		
Date Assigned:	11/22/2013	Date of Injury:	08/30/2012
Decision Date:	01/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 28-year-old female who reported an injury on 08/30/2012. The patient is currently diagnosed with thoracic outlet syndrome and a cervical strain. The patient was seen by [REDACTED] on 06/12/2013. The patient reported improvement following 12 acupuncture sessions. Following completion, the patient reported worsening pain with numbness. Physical examination revealed positive Adson's testing, decreased sensation in the left upper extremity and scalene muscle spasms. Treatment recommendations included a consultation with a vascular specialist, authorization for additional acupuncture sessions and consultation with a thoracic outlet syndrome specialist

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consult with a left scalene muscle block injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Summary of Recommendations, Chronic Pain Disorders. Page(s): Table.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation A. Mashayekha, P.J. Christob, D.M. Yousema and J.J. Pillai. CT- Guided Injection of the Anterior and Middle Scalene Muscles: Technique and Complications. Copyright © 2014 by the American Society of Neuroradiology. Published online before print January 13, 201

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle acupuncture and injection procedures, have no proven benefit in treating acute neck and upper back symptoms. According to an article published by the American Society of Neuroradiology, an anterior scalene block is a helpful diagnostic test for thoracic outlet syndrome and a good predictor of surgical outcome. As per the clinical notes submitted, the patient has maintained a diagnosis of thoracic outlet syndrome since at least 01/2013. There have been no changes to the patient's physical examination with [REDACTED] since 01/16/2013. The patient continues to demonstrate positive Adson's testing, spasm with tenderness, diminished range of motion and diminished sensation. It has been documented that the patient has undergone physical therapy as well as acupuncture treatment. However, there is no indication of a failure to respond to conservative treatment prior to the request for injection therapy. Based on the clinical information received, the request is non-certified.