

Case Number:	CM13-0029131		
Date Assigned:	06/06/2014	Date of Injury:	08/26/2005
Decision Date:	07/28/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Orthopedic and Hand Surgery, 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 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/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 injured worker is a 41-year-old female who reported an injury on 08/26/2005. The mechanism of injury was not provided for clinical review. The diagnoses included thoracic outlet syndrome, severe myofascial dysfunction, torticollis, and chronic muscle inflammation. Previous treatments included an electromyography (EMG), NCV (nerve conduction velocity), MRI (magnetic resonance imaging), and x-ray, trigger point injections, physical therapy, and medication. Within the clinical note dated 02/07/2013, the injured worker complained of right-sided neck pain to her ear and throat. Upon physical examination, the provider noted the injured worker's neck had very tight strap muscle, especially interscalene, sternocleidomastoid muscle (SCM), but decreased. She had a positive myofascial trigger point, trap, SCM, severe hyperdensity, and positive scaling. The provider noted that the range of motion of the cervical spine, left trapezius controlled left shoulder shortened from the cervical spine. The provider requested an interscalene injection, and a surgical evaluation for thoracic outlet syndrome. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left interscalene injection under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Brachial plexus blocks for upper extremity orthopedic surgery. Bruce, G. B., Green, A., Blaine, T. A., and Wesner, L. V.

Journal of American Academy Orthopaedic Surgery. January 2012; 20: 38-47, and Neurovascular injuries to the athlete's shoulder: part I, Aval, S. M., Durand, P. Jr., and Shankwiler, J. A., Journal of American Academy Orthopedic Surgery. April 2007; 15:249-25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Anterior scalene block.

Decision rationale: The request for left interscalene injection under fluoroscopy guidance is non-certified. The injured worker complained of right-sided neck pain from her ear to throat. The Official Disability Guidelines (ODG) recommends anterior scalene blocks as indicated: if response to exercise is protracted, anterior scalene blocks have been reported to be efficacious in the relief of short thoracic outlet symptoms, and as an adjunct to diagnosis. In this case, there is a lack of documentation indicating the injured worker protracted a response to exercise. In addition, the request submitted does not specify a treatment site. The request as submitted does not provide a quantity of injections to be administered. Therefore, the request for an interscalene injection under fluoroscopy guidance is non-certified.

Surgical evaluation for the release of thoracic outlet syndrome with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The request for surgical evaluation for the release of thoracic outlet syndrome with [REDACTED] is non-certified. The MTUS/ACOEM note that if surgery is a consideration, counseling regarding likely outcomes, risks, and benefits, and especially expectations, is very important. Injured workers with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the injured worker to a physical medicine practitioner may help resolve the symptoms. In the first three months of the onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction is not responsive to conservative therapy and obviously due to a herniated disc is detected. Therefore, the referral for a surgical consultation is indicated for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies; radiculopathy, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month of extreme progression of lower leg symptoms; clear, clinical, imaging and electrophysiological evidence of a lesion has been shown to benefit in both the short and long-term from surgical repair; or failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted indicated the injured worker had undergone physical therapy. However, there was a lack of documentation indicating the efficacy of the physical therapy. There is a lack of imaging studies to corroborate the signs and symptoms of radiculopathy.

Therefore, the request for a surgical evaluation for the release of thoracic outlet syndrome with [REDACTED] is non-certified.