

<b>Case Number:</b>	CM13-0034689		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Orthopedic Surgery, 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:

Records reflect that she has previously undergone a C4 through 7 fusion. Records reflect that she continued to have pain in her neck and right upper extremity. Records report the diagnoses of post laminectomy syndrome, brachial plexopathy, adhesive capsulitis and postconcussion syndrome. Electrodiagnostics studies reportedly show evidence of brachial plexopathy. Other than the peer review report, there is limited clinical information in this particular case other than the information as outlined above. In fact, there is no clear indication as to the purpose of the interscalene block other than the treating provider's note statement that it will help him to offer further treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Diagnostic Right Anterior Intramuscular Scalene Injection under Ultrasound:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter Pain

**Decision rationale:** Per the cited reference, "Injections: Pain Injections General: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." Based on the extensive treatment this patient has had to date and the lack of clinical information provided, there is no compelling indication to proceed with the injections at this point in time as there is no discussion as to how it will change the patient's current treating plan. Furthermore, of note, invasive procedures of this nature should typically be reserved for individuals who have failed other reasonable forms of conservative care. There is limited information provided as to the nature and extent of this patient's conservative care to date. Based on the information provided above and in consideration of the Official Disability Guidelines, the request would not be considered reasonable or medically necessary.