MAXIMUS Federal Services

Case Number:	CM13-0045748		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2012
Decision Date:	03/13/2014	UR Denial Date:	10/14/2012
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and 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 48-year-old female who reported an injury on January 09, 2012, due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy, medications, chiropractic care, and a transcutaneous electrical nerve stimulation (TENS) unit. The patient also underwent psychiatric support. The patient's most recent clinical evaluation noted that the patient had 5/10 to 6/10 out of pain of the cervical spine. Physical findings included restricted range of motion secondary to pain, and mild paravertebral muscle spasming bilaterally. Physical findings of the upper extremities revealed decreased grip strength in the right upper extremity with a positive Neer test, and positive impingement sign of the right shoulder. The patient's diagnoses included cervical spine and bilateral upper extremity sprain/strain from repetitive trauma, and cervical radiculopathy secondary to degenerative disc disease. The patient's treatment plan included a functional restoration program consultation, and a right suprascapular nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

right suprascapular nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, sympathetic blocks (therapeutic).

Decision rationale: The Official Disability Guidelines recommend therapeutic sympathetic blocks for patients with evidence of complex regional pain syndrome and adjunct therapy. The clinical documentation submitted for review does not provide any evidence that the patient has symptoms consistent with a diagnosis of complex regional pain syndrome. Additionally, there is no documentation that the patient is currently participating in any type of active therapy that would benefit from any adjunct therapy. Therefore, the request for a right suprascapular nerve block is not medically necessary or appropriate.

one (1) day multidisciplinary evaluation for a Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Page(s): 31.

Decision rationale: The California MTUS guidelines recommend these types of programs for patients who are motivated to improve and return to work. The clinical documentation submitted for review does not provide any evidence that the patient is motivated to participate in this type of program with a goal of returning to work. Additionally, the clinical documentation indicates that the patient is having a positive response to the current treatment plan. The need for a change in the treatment plan is not clearly indicated. Therefore, the request for a one (1) day multi-disciplinary evaluation for functional restoration is not medically necessary or appropriate.