MAXIMUS Federal Services

Case Number:	CM13-0052881		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2003
Decision Date:	04/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 47 year old female who reported an injury on 10/15/2003. On 10/10/2013, the patient was seen for a neurosurgical re-examination. The patient had undergone an operation to decompress the left brachial plexus including the left median and the ulnar nerves which was performed on 04/10/2013. The patient's main complaint had been pain in the left shoulder with sensation of coldness and numbness sensation in the left arm. The supplemental report and request for authorization dated 10/22/2013 noted the patient had reported little change in her continuing symptoms and findings of left upper extremity thoracic outlet syndrome and complex regional pain syndrome. The patient was examined on 10/17/2013 where upon she was noted to be extremely hypersensitive diffusely with light palpation stroking with the patient preferring not to be examined due to increased symptoms. Objectively, the patient's left upper extremity, particularly her hand, was very cold compared to the right, and there was continued limited range of motion of the left shoulder, elbow, and wrist with weakness noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Pain Management consultation reevaluation for the left scalene muscle injection under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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), Independent Medical Examinations and Consultations, page(s) 163.

Decision rationale: According to California MTUS and ACOEM, a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. Furthermore, in regard to the scalene block, ACOEM states if response to exercise is protracted, anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet symptoms and as an adjunct to diagnosis. It also states that a confirmatory response to electromyography-guided scalene block, confirmatory electro physiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery. The documentation does not indicate the patient is scheduled to be undergoing any surgical procedure; however, a consultation with pain management for re-evaluation for a left scalene muscle injection under ultrasound guidance is considered medically appropriate and is certified.

Transportation to all medical appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (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), Knee and Leg Chapter, Transportation (to & from appointments).

Decision rationale: According to Official Disability Guidelines, transportation to and from appointments is recommended for medical necessity, as long as the patient's appointment is in the same community and the patient has been diagnosed with a disability preventing them from self-transport. In the case of this patient, it was noted she had been utilizing a bus for transportation when she was unable to get a ride from somebody else. Furthermore, the documentation states the patient's need for transportation to and from all medical appointments is on the basis of relieving the effects of the patient's work injury. It goes on to state by automobile, it takes approximately 20 minutes to drive to the office where the patient is seen, whereas taking the bus it takes approximately 2.5 hours for her to travel in just 1 direction. However, the documentation does not indicate the patient is unable to self-transport; it simply states that she does not drive herself. Because she already has a means of transportation via the bus, albeit a longer process, or catching a ride with a friend/family, the medical necessity for transportation to and from appointments cannot be established. As such, the requested service is non-certified.

one (1) Thermophore moist heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 173.

Decision rationale: According to California MTUS and ACOEM, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications. Although it does state that hot packs, heat wraps, and moist heat are optional for acute regional neck pain, there is nothing indicating the patient is unable to utilize home-based equipment for this particular service. The patient can utilize a heating pad, a warm shower, or a warm compress of sorts; there is nothing medically necessitating a Thermophore moist heating pad. As such, the requested service is not deemed medically necessary and is non-certified.