

Case Number:	CM13-0070157		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2009
Decision Date:	12/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation, 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 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 56-year-old female who reported an injury on 05/18/2009. The mechanism of injury was not stated. The current diagnoses include cervical post-laminectomy syndrome, cervicobrachial syndrome, cervical spinal stenosis, myalgia/myositis, headache, cervical disc degeneration, cervical disc displacement, and long term medication use. The injured worker was evaluated on 11/12/2013. The injured worker reported 4/10 pain. It is noted that the injured worker is status post cervical fusion at C4-6. The current medication regimen includes Flexeril 10 mg, tramadol 50 mg, Gabapentin 300 mg, Lidoderm 5% patch, and Percocet 5/325 mg. Previous conservative treatment includes a scalene block, medication management, TENS therapy, and home exercise. The injured worker's physical examination revealed trigger points in the left paraspinal, scalene, and scapular muscles; painful extension and rotation; painful right and left lateral bending; negative Spurling's test; left shoulder rotator cuff tenderness; painful and reduced range of motion of the left shoulder; diffuse weakness in the left upper extremity; and diminished reflexes. Treatment recommendations included a left scalene block under fluoroscopy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left scalene block under fluoroscopy: 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), Shoulder Chapter, Anterior Scalene Block

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

Decision rationale: The Official Disability Guidelines recommend an anterior scalene block as indicated. If response to exercise is protracted, anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet syndrome and as an adjunctive diagnosis. As per the documentation submitted, the injured worker underwent an initial left scalene block for a diagnosis of thoracic outlet syndrome with myofascial pain on 02/08/2012. There was no documentation of objective functional improvement. Therefore, an additional procedure cannot be determined as medically appropriate at this time.