

Case Number:	CM14-0109146		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2013
Decision Date:	09/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old female with a reported injury on 05/18/2013. The mechanism of injury occurred while the injured worker was at work when boxes fell on her right arm causing her right arm pain. Her diagnoses consisted of glenoid labral tear of the right shoulder, ulnar neuropathy, and wrist pain of the right wrist. She has had shoulder injections with no benefit. She has had an EMG on 05/2013 and also of 03/2014 and both were negative. She has had previous treatments of physical therapy and the efficacy of that therapy was not provided. The injured worker had an examination on 06/21/2014 for a followup visit for her right shoulder and scapular pain. She reported pain of variable levels and indicated the pain was constant. The injured worker also complained that she got itching and chills to her right upper extremity and the pain caused her to sweat and feel nauseated. On examination of her right upper extremity, there was tenderness at the shoulder. Range of motion demonstrated 100 degrees of forward flexion, 100 degrees of abduction, 45 degrees of external rotation and internal rotation to the body. She had 5/5 muscle strength in all planes. There was no joint instability noted. She did have a positive impingement sign, Hawkins signs, and O'Brien's sign. The injured worker's medication list consisted of cyclobenzaprine, gabapentin, hydrocodone, naproxen, and Prilosec. The recommended plan of treatment was for her to have a sympathetic nerve block at the C5 level and also an MRI of the wrist. The rationale was not provided. The Request for Authorization was signed and dated for 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic nerve block at C5 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

Decision rationale: The request for the sympathetic nerve block at C5 level is not medically necessary. The California MTUS Guidelines note this block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. The guidelines recommend cervicothoracic sympathetic blocks for pain related to CRPS, Herpes Zoster, post-herpetic neuralgia, and frostbite. The guidelines recommend cervicothoracic sympathetic blocks for circulatory insufficiency related to traumatic/embolic occlusion, post-reimplantation, postembolic, vasospasm, Raynaud's disease, Vasculitis, and Scleroderma. There should be documentation of motor and/or sensory block. There should be a positive Horner's sign. There is limited evidence to support this procedure. The requesting physician's rationale for the request is not indicated within the provided documentation. There is a lack of documentation indicating the injured worker has symptoms consistent with CRPS including changes in skin texture, abnormal sweating patterns, changes in hair growth patterns, stiffness to the affected joints, problems coordinating muscle movement, with decreased ability to move the affected body part, and abnormal movement in the affected limb. Therefore, the request for the sympathetic nerve block at a C5 level is not medically necessary.