

Case Number:	CM14-0012872		
Date Assigned:	02/24/2014	Date of Injury:	05/01/2010
Decision Date:	07/02/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old female with a work injury dated 5/1/10. Her diagnoses include status post anterior cervical discectomy C5 to C7 level in October 2010, and C3-4 anteroposterior cervical fusion on 7/8/13. She also had congenital C4-5 fusion; cervicgia, right ulnar neuropathy. There is an 11/12/13 office visit that states that the patient continues to complain of cramping and numbness in her right hand. She was sent for an EMG. She has undergone physical therapy, which she feels is helping her after her recent revision anterior-posterior cervical fusion. The diagnoses in this note included left arm radiculopathy. A 9/24/13 electrodiagnostic report states that the patient injured herself through repetitive work associated with her employment the patient states that she began to experience pain in her neck radiating onto her right hand with numbness, tingling, and weakness. The injury was reported, and the employer arranged for medical treatment at an industrial clinic. Part of her follow up treatment included NCV tests and she was admitted into a hospital. She underwent two cervical spine surgeries and two right ulnar nerve transposition surgeries. She also underwent right carpal tunnel release. She received physical therapy and she was eventually referred to a specialist. On the date of electrodiagnostic testing she had with complaints of aching neck pain radiating onto her right arm and hand and left upper extremity with numbness, tingling, and weakness. The results of the test state that there is electrodiagnostic evidence of right ulnar neuropathy at the elbow but otherwise the study is inconclusive. There is global absence of sensory responses in the right upper limb. Polyneuropathy is unlikely given the lack of abnormal sensory responses in the asymptomatic left upper limb. Absent sensory responses can be observed in plexopathies and peripheral nerve entrapments. The active and chronic denervation changes observed in multiple right upper limb muscles innervated by different nerves and different nerve roots does not yield

the information necessary to localize nerve lesions. Brachial plexopathy and cervical radiculopathy in addition to peripheral nerve entrapment cannot be ruled out. All active denervation changes were observed in the ulnar innervated muscles. There is a 2/6/14 document that states that objective findings include myotomal weakness in C8 & T1 distribution, dermatomal dysfunction in C5, 6, 7 distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT BRACHIAL PLEXUS BLOCK UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Thoracic Sympathetic Blocks Page(s): 103, 104.

Decision rationale: Brachial plexus block under ultrasound guidance is not medically necessary per the MTUS guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that regional sympathetic blocks are generally limited to diagnosis and therapy for CRPS. This patient does not have evidence of CRPS documentation submitted. The MTUS guidelines state that thoracic sympathetic blocks have been used for brachial neuralgia but the MTUS does not recommend these injections due to lack of literature to support effectiveness. The request does not indicate which type of block is to be performed. The documentation does not include clinical findings which are consistent with definite brachial plexopathy. The request for brachial plexus block under ultrasound guidance is not medically necessary.