

Case Number:	CM14-0015080		
Date Assigned:	02/28/2014	Date of Injury:	05/15/1998
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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 and is licensed to practice in Nevada. 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 claimant is a 45 year-old male who was injured on May 15, 1998. The claimant is documented as being status-post first rib resection and scalenectomy with residual symptoms consistent with complex regional pain syndrome. A number of PR-2 form for submitted, but the majority of these are handwritten and mostly illegible. The tight clinical documents indicate that a transforaminal epidural block at C8 and a thoracic sympathetic block were performed on January 14, 2014 with pulse radiofrequency. The utilization review in question was rendered on January 9, 2014. The reviewer non-certified the requests for a right brachial plexus block and pulsed radiofrequency sympathetic block indicating that there was insufficient documentation to show that the claimant was having symptoms arising from the level of the plexus/thoracic outlet.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT BRACHIAL PLEXUS BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure

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

Decision rationale: The Official Disability Guidelines (ODG) notes that brachial plexus blocks are not recommended. A lack of evidence for use in risk of complications including infection, intravascular injection, pneumothorax, and chronic nerve paralysis. As such, the request is considered not medically necessary.

PULSED RADIOFREQUENCY SYMPATHETIC BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment Page(s): 102.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically recommends against the utilization of this treatment. As such, this request is considered not medically necessary.