

Case Number:	CM14-0176109		
Date Assigned:	10/29/2014	Date of Injury:	12/14/2010
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 50 year old woman who sustained a work related injury on December 14, 2010. Subsequently, she developed a left shoulder pain and underwent a left shoulder arthroscopy with a subacromial decompression and rotator cuff repair on 2012. She also underwent scalene muscles injections as well as Botox injections. According to a progress report dated on October 1 2014, the patient was complaining of pain with a severity rated 8-10/10 and spasm. The pain was improved with pain medications including Vicodin. The provider requested authorization to do scalene block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scalene Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 205.

Decision rationale: According to MTUS guidelines, scalene block is indicated for the relief of acute thoracic outlet syndrome and as an adjunct to diagnosis. It is not recommended as a maintenance therapy. Furthermore, there is no documentation regarding the efficacy of the

scalene injection performed on 2014. Therefore, the request for scalene block is not medically necessary.