

Case Number:	CM14-0024830		
Date Assigned:	06/11/2014	Date of Injury:	06/04/2011
Decision Date:	07/18/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	02/26/2014

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 Texas. 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 27-year-old male who reported an injury on 06/04/2011. The mechanism of injury was not provided for clinical review. Within the clinical note dated 01/31/2014, the injured worker noted he had improvements with pain complaints. The injured worker reported taking Vicodin 1 to 2 every 6 hours as needed for pain along with other medications. He reported trying to wear a newer prosthesis, but finds it extremely uncomfortable and was requesting re-evaluation. The injured worker reported having a sensation in the arm/hand which had been amputated. He noted some discomfort of the right shoulder muscle. The diagnoses included phantom limb pain syndrome, proximal right humeral amputation due to industrial accident, right frontal glioma status post excision depression, posttraumatic stress disorder, insomnia, esophageal reflux. Prior treatments included medication regimen, right arm amputation, physical therapy. Upon the physical exam, the provider noted right extremity with noticeable discomfort and irritation and tenderness to palpation at the proximal amputation site. The provider requested for neurolytic blocks. The rationale was not provided for review. The Request for Authorization was provided and dated 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLYTIC BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Nerve Excision (following a TKA).

Decision rationale: The request for neurolytic blocks is not medically necessary. The injured worker reported improvement in his pain. The injured worker reported taking Vicodin 1 to 2 every 6 hours as needed for pain along with other medications. He complained of a sensation in his right arm/hand which had been amputated. He complained of right shoulder muscle discomfort. The Official Disability Guidelines do not specifically address neuromas for the upper extremity after an amputation but do address them in the Knee and Leg Chapter. It recommends excision of neuromas should be considered when there has been pain of at least a 1-year duration with failure of conservative management after nerve blockade with 1% lidocaine. There is a lack of documentation indicating the injured worker had tried and failed on conservative treatment modalities. There is a lack of information pertaining to prior conservative treatment that has been tried and failed to meet guideline criteria. Therefore, the request for neurolytic blocks is not medically necessary.