

Case Number:	CM14-0031841		
Date Assigned:	04/09/2014	Date of Injury:	05/23/2002
Decision Date:	08/11/2014	UR Denial Date:	01/27/2014
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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 46 year old female with date of injury 5/23/02. The treating physician report dated 1/2/14 is hand written and is mostly illegible. The subjective complaints states, Off Opiates, on large dose Ibuprofen, awaiting stellate/plexus block. The objective findings states, Swollen bilateral hand. The current diagnoses are: 1.Thoracic Outlet Syndrome2.CRPSThe utilization review report dated 1/27/14 denied the request for Brachial Plexus and Stellate Block based on the rationale that previous stellate ganglion block on 2/5/13 did not provide adequate results.

IMR ISSUES, DECISIONS AND RATIONALES

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

BRACHIAL PLEXUS BILATERAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, TWC 2013 Pain CRPS, Sympathetic and Epidural Block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block - CRPS, sympathetic and epidural blocks Page(s): 103-104, 39-40.

Decision rationale: The patient presents with chronic thoracic outlet syndrome and CRPS. The current request is for Brachial Plexus Bilaterally. The treating physician hand written report has very limited information but appears to say, Try to give plexus/stellate block. The RFA dated 1/2/14 stats Brachial Plexus and Stellate Block bilaterally, procedure to be done at an outpatient surgery center. The request for Brachial Plexus Bilaterally appears to be a request for Brachial Plexus and Stellate Block bilaterally. The MTUS guidelines support regional sympathetic blocks and repeated blocks are only recommended if continued improvement is observed. According to the utilization review report dated 1/27/14 the patient received a right stellate ganglion block on 2/5/13 and a left stellate ganglion block on 2/12/13. In reviewing the medical records provided there is a note in the 3/3/14 QME report dated 2/14/13 that states, Constant neck pain, arm pain. Presently worse after procedure. Stiff neck and muscles. The treater in this case has not documented that the stellate ganglion blocks peformed on 2/5/13 and 2/12/13 provided any relief and MTUS only allows repeat blocks with functional improvement from previous block.