MAXIMUS Federal Services

Case Number:	CM14-0034984		
Date Assigned:	06/23/2014	Date of Injury:	08/19/2010
Decision Date:	07/24/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine 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 39 year old female whose date of injury is 08/19/10. Computer use/desk work is the reported mechanism of injury. The injured worker has been diagnosed with thoracic outlet syndrome and was recommended to undergo surgery which she has declined. Progress report dated 02/04/14 indicates current complaints of same right arm greater than left arm pain; pain only when reaching up; working part time (3 days a week). Physical examination reported painful right arm when reaching up; no muscle weakness; no deep tendon reflex (DTR) abnormality; no muscle atrophy or numbness; limited range of motion cervical spine. Electromyogram/nerve conduction velocity (EMG/NCV) of the right upper extremity dated 01/07/14 reported no indicators of carpal tunnel syndrome or ulnar neuropathy were noted, and no indicators of active right cervical radiculopathy were noted. The records indicate that the injured worker had scalene injections with Botox. Medications including Nortriptyline and Gabapentin have been of limited benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Scalene Muscle Block with Botulinum Toxin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175, 205,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines for Thoracic Outlet Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Anterior Scalene Block.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not recommend botox injection for chronic pain disorders, but do recommend for cervical dystonia. Official Disabilty Guidelines reflect that anterior scalene block may be efficacious in the relief of acute thoracic outlet syndrome (TOS) if response to exercise is protracted. There is no evidence of acute TOS, and the records do not document that the injured worker has had any recent physical therapy for her condition. There is an indication that the injured worker previously had scalene block with botox, but the date of this procedure is not stated and there is no objective assessment of the degree or duration of relief obtained. Based on the clinical information provided, the request is not recommended as medically necessary.