

<b>Case Number:</b>	CM14-0041240		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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:

This is a 57-year-old male with a 6/17/11 date of injury. The mechanism of injury was that he was pulling a pallet on a pallet jack that weighed approximately 2,000 pounds. The pallet jack was not moving, so he pulled forcefully three to four times and on the fourth time, he felt a sharp pain in this left shoulder, left elbow, and left wrist/hand. According to a progress report dated 3/28/14, the patient stated that pain in his neck and left upper extremity was unchanged. He reported worsening symptoms on the right shoulder and hand. He had numbness of left hand, left shoulder pain, and left elbow pain. He also reported right hand numbness and pain over his entire hand. The patient reported ongoing dizziness and headaches, which are associated with his neck pain. Objective findings: tenderness to palpation of trapezius, parascapular, and subacromioclavicular, diminished sensation in the nerve distribution of ulnar nerve. Diagnostic impression: carpal tunnel syndrome, cubital tunnel syndrome, shoulder acromioclavicular joint arthritis, cervical radiculitis, shoulder impingement/bursitis. Treatment to date: medication management, activity modification, physical therapy, ESI. A UR decision dated 3/28/14 denied the request for Interscalene or Brachial Plexus Block. There is no evidence of recent comprehensive treatment of physical therapy or a home exercise that has been tried and failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Interscalene or Brachial Plexus Block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that stellate ganglion blocks are recommended for a limited role, primarily for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. There is no documentation that the patient has tried and failed comprehensive treatment such as physical therapy or a home program. In addition, the patient has already had x-rays, EMG, and an MRI performed recently, and it is unclear why the patient needs more diagnostic studies for his pain. Therefore, the request for Left Interscalene or Brachial Plexus Block was not medically necessary.