

Case Number:	CM14-0061569		
Date Assigned:	07/09/2014	Date of Injury:	11/20/2010
Decision Date:	08/29/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family 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:

51 yr. old male claimant sustained a work injury on 11/20/10 involving the neck and shoulders. He was diagnosed with cervical and lumbar radiculopathy as well as thoracic outlet syndrome. An MRI of the cervical spine had shown cervical disc protrusion and left neuroforaminal stenosis. An MRI of the lumbar spine in March 2012 showed discogenic disease of the Lumbar region. He had undergone physical therapy, TENS unit and use of oral analgesics. A progress note on 2/21/14 indicated the claimant had persistent pain. She had been using transdermal analgesics. The treating physician requested acupuncture, H-Wave therapy, psychological evaluation and epidural steroid injections. A subsequent request was made for a right brachial Plexus ultrasound with right scalene muscle injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound right brachial plexus with injection right scalenus anterior muscle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: There is not indication that the injection is to be used during surgery in this case. There is no evidence of the effect of ultrasound in generalized shoulder pain (mixed diagnosis), adhesive capsulitis or rotator cuff tendinitis. When compared to exercises, ultrasound is of no additional benefit over and above exercise alone. According to the ACOEM guidelines, an EMG guided scalene block may be used for confirmation of thoracic outlet syndrome. The indication for the scalene block via ultrasound was not suggested for this purpose. As a result, the indication for an ultrasound of the brachial plexus with scalene injections is not medically necessary.