

Case Number:	CM14-0073915		
Date Assigned:	07/16/2014	Date of Injury:	12/01/2001
Decision Date:	08/27/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 injured worker is a 47-year-old female who reported an injury on 12/01/2001 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right elbow and right wrist. The injured worker failed conservative treatments and underwent cubital tunnel release, carpal tunnel release, and ulnar nerve decompression, right medial and lateral epicondylar repair, right wrist arthroscopy, and synovectomy and debridement of the triangular fibrocartilage complex. The injured worker was treated postoperatively with several different types of injection to include Botox injections, scalene blocks, and lidocaine injections. The injured worker was evaluated on 04/04/2014. Physical findings included restricted cervical spine range of motion secondary to pain and paraspinal muscular hypertrophy at the C7, with pinpoint tenderness over the coracoids process. The injured worker's diagnoses included status post right cubital tunnel and carpal tunnel release with ulnar nerve decompression, status post right medial and lateral epicondyle repair, status post right wrist arthroscopy, possible brachial plexopathy versus thoracic outlet syndrome, anxiety and depression, and sexual reproductive deficiency. The injured worker's treatment plan included a trial of radial plexus blocks, the use of a TENS unit, and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

C1-C4 Cervical Plexus Block, Brachial Plexus Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 35.

Decision rationale: The requested C1-4 cervical plexus block and brachial plexus block are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address these types of injections. However, sympathetic nerve block injections are recommended to assist in diagnosing injured workers with complex regional pain syndrome. The clinical documentation submitted for review does not provide any evidence of findings consistent with complex regional pain syndrome. Therefore, the need for these diagnostic measures is not clearly supported. Additionally, the request includes 2 different blocks. If this is being used for diagnostic purposes, a single injection would be indicated to establish regional pathology. As such, the requested C1-4 cervical plexus block and brachial plexus block are not medically necessary or appropriate.