

<b>Case Number:</b>	CM13-0033061		
<b>Date Assigned:</b>	11/21/2013	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old male who reported injury on 08/08/2002. The mechanism of injury was not provided. Other therapies included exercise and heat. Additional other therapies included a left radiofrequency medial branch neurotomy on 05/06/2011. The injured worker underwent an MRI of the lumbar spine. The documentation of 09/16/2013 revealed the injured worker complains of pain on the left side. The documentation indicated the injured worker's last supraclavicular nerve block eliminated numbness in his hand. The injured worker had improved range of motion of the neck and shoulder and decreased pain. The objective findings revealed stiffness in the cervical spine and cervical spine myofascial discomfort. The diagnoses included left thoracic outlet syndrome. The treatment plan included a supraclavicular nerve block. There was a Request for Authorization submitted for review dated 09/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUPRACLAVICULAR NERVE BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Injections

**Decision rationale:** The Official Disability Guidelines indicate that a minimum of 50% pain relief for a sustained period of time is appropriate for repeat injections. There should be clear results documented in the records including a reduction in pain medications, improved function, and/or return to work. The clinical documentation submitted for review indicated the injured worker had an injection that eliminated the numbness, improved range of motion of the neck and shoulder, and decreased pain. There was a lack of documentation indicating the duration of relief, and an objective decrease in pain relief. Additionally, the request as submitted failed to indicate the quantity of injections being requested. Given the above, the request for supraclavicular nerve block is not medically necessary.

**OUTPATIENT VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit

**Decision rationale:** The Official Disability Guidelines indicate that the need for a clinical office visit with a healthcare provider is based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the request was made for a supraclavicular nerve block. However, the request as submitted failed to indicate the quantity of office visits and the type of physician to be utilized for the office visit. As such, this request is not supported. Given the above, the request for outpatient visit is not medically necessary.