

Case Number:	CM14-0188214		
Date Assigned:	11/18/2014	Date of Injury:	10/14/2002
Decision Date:	01/07/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 38 year old male with date of injury 10/14/2002. The mechanism of injury is stated as heavy lifting. The patient has complained of left shoulder pain since the date of injury. He has been treated with arthroscopic surgery, steroid injection, sympathetic nerve blocks of the cervicothoracic nerves and brachial plexus, physical therapy and medications. There are no radiographic reports included for review. Objective: left shoulder: tenderness to palpation over the subdeltoid bursa, pain with stress testing of the supraspinatus muscle, positive impingement sign; tenderness to palpation over first rib. Diagnoses: left shoulder impingement syndrome, s/p arthroscopic surgery left shoulder, complex regional pain syndrome left shoulder/arm. Treatment plan and request: brachial plexus block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brachial Plexus Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Brachial plexus blocks Official Disability Guidelines, Pain (Acute and Chronic) CRPS, treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic regional pain syndrome, sympathetic blocks Page(s): 39.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) guidelines cited above, repeated sympathetic blocks are only recommended if continued improvement is observed. There is inadequate documentation in the available medical records supporting continued improvement after the last brachial plexus block in this patient. On the basis of the California MTUS guidelines and available medical records, brachial plexus block is not indicated as medically necessary.