MAXIMUS Federal Services

Case Number:	CM14-0192199		
Date Assigned:	11/25/2014	Date of Injury:	11/20/2000
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of November 28, 2000.In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for gabapentin, Norco, and three axillary blocks under ultrasound guidance. The claims administrator stated that the applicant had presented with diagnosis of allodynia, hand pain, and limb pain. The applicant had reportedly tested positive for marijuana, it was stated. The applicant had received physical therapy, massage therapy, manipulative therapy, and acupuncture, the claims administrator posited. The claims administrator stated that its denial of axillary blocks was based on non-MTUS Guidelines stating that such techniques were of dubious benefit. The claims administrator stated that its decision was also based on an October 9, 2014 RFA form and associated progress note of October 1, 2014.In a progress note dated October 14, 2014, the applicant reported persistent complaints of bilateral arm pain with associated upper extremity paresthesias, 6/10. The applicant stated that her pain cream, Neurontin, and Norco were reportedly working. Diminished upper extremity strength ranging from 3-4/5 was appreciated with associated allodynia and tenderness appreciated about the upper extremities. Three axillary blocks were sought while Norco and Neurontin were renewed. The applicant's work status was not furnished. In a September 17, 2014 progress note, the attending provider appealed a previously denied axillary block. 6/10 bilateral arm and hand pain were reported. The applicant was using Neurontin, Desyrel, and Norco, all of which were refilled. The applicant's work status was not furnished. Drug testing performed in the office was apparently positive for marijuana, the attending provider reported. The applicant stated in the review of systems section that there were no appreciable changes in motor strength, sensory function, or reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axillary Blocks Under Ultrasound Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8, 171,Chronic Pain Treatment Guidelines Local Anesthetic Injections section.

Decision rationale: While the MTUS does not specifically address the topic of axillary blocks, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the requesting provider sought authorization for three consecutive axillary nerve blocks without any proviso to re-evaluate the applicant between each block to ensure a favorable response to the same before proceeding with repeat blocks. It is further noted that the attending provider did not clearly outline why he believes that axillary nerve compromise is the source of the applicant's ongoing symptoms as opposed to other diagnoses such as complex regional pain syndrome (CRPS), cervical radiculopathy, cervical spinal stenosis, carpal tunnel syndrome, etc. The MTUS Guideline in ACOEM Chapter 8, page 171 notes that decreased sensation over the lateral deltoid muscle is a sign of axillary nerve compromise. In this case, however, the October 14, 2014 progress note did not include any documentation of hyposensorium or altered sensorium present at any area in the upper extremities. Finally, the Third Edition ACOEM Guidelines Chronic Pain Chapter takes the position that corticosteroid or neuroablative injections and procedures for localized pain are "not recommended" as such blocks carry a risk of increased pain, local tissue reaction, and neuroma, all of which outweigh documented benefits. The request, thus, as written, is at odds with both the MTUS Chronic Pain Medical Treatment Guidelines and with ACOEM. Therefore, the request is not medically necessary.