

Case Number:	CM14-0193751		
Date Assigned:	12/01/2014	Date of Injury:	04/28/2014
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 33 year old male with a date of injury of 4/28/14. The listed diagnoses are arm pain and chronic pain syndrome. According to progress report dated 8/21/14, the patient was referred to the ER on 8/19/14 for continued right hand pain following a crush injury on 4/28/14. The ER physician proceeded with a right satellite ganglion block. The patient was referred to physical therapy and medications were dispensed. On 8/29/14, the reported continued right hand swelling in the cast and severe pain. The treating physician states that the patient suffers from complex regional pain syndrome type I and recommendation was to proceed with stellate ganglion block. On 9/11/14, it was noted that the patient's complaints are unchanged and the patient reports that he had 1 to 2 days of improvement following last block. Report from 10/8/14 states that the patient's right hand and upper extremity swelling has become worse. The patient has these flare-ups, and each episode lasts about 7 days. Upper extremities examination could not be performed due to severe pain. Examination of the right hand noted swelling and "severe agonizing pain." Treatment plan is for medications and continuous supraclavicular brachial plexus block with ultrasound and concurrent physical therapy. The Utilization review denied the request on 10/29/14. Treatment reports from 4/28/14 through 10/8/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supraclavicular brachial plexus block with ultrasound guided with eye flow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, under injections

Decision rationale: This patient presents with continued right hand and right upper extremity complaints. The current request is for supraclavicular brachial plexus block with ultrasound guided with eye flow. Regarding stellate ganglion block, MTUS page 103 states that there is limited evidence to support this procedure but is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. There is no discussion regarding how many injections are to be done but does emphasize that it has a limited role, for diagnosis primarily and as an adjunct to facilitate physical therapy (MTUS page 39). ODG, under the pain chapter, under injections: Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. In this case, the injection administered on 8/19/14 produced no relief as the patient presented on 8/29/14 with continued "severe" pain. A repeat injection was administered on 8/29/14. On 10/20/14 the patient stated that he had 1 to 2 days of improvement from prior block. In this case, there are no discussions regarding sustained periods of improvement of pain with documented reduction of pain medications, improved function and/or return to work. This request IS NOT medically necessary.

7 days inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter has the following on Hospital stay for Lumbar surgery

Decision rationale: This patient presents with continued right hand and right upper extremity complaints. The current request is for 7 DAYS INPATIENT STAY. The ACOEM and MTUS guidelines do not discuss hospital stay. Therefore, ODG guidelines were referenced. ODG guidelines under its low back chapter has the following on Hospital stay for Lumbar surgery, "Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications." In this case, given the requested supraclavicular brachial plexus block has not been recommended, the requested 7 days hospital stay IS NOT medically necessary.

Monitored anesthesia care with brachial plexus regional anesthesia by axillary approach: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic Page(s): 103-104.

Decision rationale: This patient presents with continued right hand and right upper extremity complaints. The current request is for monitored anesthesia care with brachial plexus block regional anesthesia by axillary approach. Regarding stellate ganglion block, MTUS page 103 states that there is limited evidence to support this procedure but is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. There is no discussion regarding how many injections are to be done but does emphasize that it has a limited role, for diagnosis primarily and as an adjunct to facilitate physical therapy (MTUS page 39). The requested brachial plexus block has not been recommended; therefore the requested monitored anesthesia IS NOT medically necessary.

Injection of anesthetic agent around brachial plexus by interscalene approach: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

Decision rationale: This patient presents with continued right hand and right upper extremity complaints. The current request is for injection of anesthetic agent around brachial plexus by interscalene approach. MTUS page 103 states that there is limited evidence to support this procedure but are proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. There is no discussion regarding how many injections are to be done but does emphasize that it has a limited role, for diagnosis primarily and as an adjunct to facilitate physical therapy (MTUS page 39). The requested brachial plexus block has not been recommended; therefore the requested injection of anesthesia IS NOT medically necessary.