

Case Number:	CM14-0195187		
Date Assigned:	12/02/2014	Date of Injury:	04/15/2008
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal 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:

This 60 year old woman sustained an industrial injury on 4/15/2008 after suffering a fall that left the worker with hand and shoulder injuries. She later developed chronic regional pain syndrome in the arm with pain, allodynia, and dystrophic changes of the arm. Treatment has included oral medication, and periodic plexus block since 2009 with palliation. There was very little information submitted in the way of medical examinations and history of injury for review. There are no radiological examinations, few visit notes, and only a patient completed form from a visit on 10/27/2014. The 10/27/2014 visit indicated that there remains "sensory disturbances" to the left arm from shoulder to hand including a portion of the back and shoulder. Unfortunately, the physician notes from this visit are illegible. Therefore, it is not clearly identified if the previous block, authorized on 6/17/2014, was performed and any results of the procedure. On 11/6/2014, Utilization Review evaluated a prescription for brachial plexus block. The physician noted that a repeat block was authorized on 6/17/2014; however, the follow-up note contained little clinical information. There was no documentation to state if the blocks were performed or any effect that they have had. The request was denied and subsequently appealed to Independent Medical Review. On 11/6/2014, Utilization Review evaluated a prescription for brachial plexus block. The physician noted that a repeat block was authorized on 6/17/2014, however, the follow up note contained little clinical information. There was no documentation to state if the blocks were performed or any effect that they have had. The request was denied and subsequently appealed to Independent Medical Review.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, CRPS, Sympathetic Blocks

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, brachial plexus block is not medically necessary. Regional sympathetic blocks are recommended for limited, selected cases. The recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here as well as complex regional pain syndrome (CRPS), diagnostic tests) and are enumerated in the Official Disability Guidelines (ODG). The recommendations include, therapeutic use of sympathetic blocks are only recommended in cases that have a positive response to diagnostic blocks and diagnostic criteria fulfilled the numbers 1 to 3. See guidelines for details. Thorough history taking is important in clinical assessment and treatment planning in the patient with chronic pain which includes a review of the medical records. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. In this case, the injured worker is an 80-year-old woman with a date of injury April 15, 2008. She has a diagnosis of CRPS II. She underwent a selective block August 23 of 2012, and October 8, 2012. It was successful results with 3.5 months of aviation. A repeat request is authorized January 28, 2013. Follow-up dated October 14, 2013 noted significant aviation from selective nerve block. Certification was again approved for recurrent symptoms in December 3, 2013. In follow-up on March 3, 2014 it was again, two months of similar aviation with the repeat block. Similarly, a repeat block was authorized June 17, 2014. The most recent documentation from October 27 of 2014 is a handwritten note that contains minimal clinical information. The entry states painful left arm; swollen, left arm, and CRPS. This documentation is inadequate to support an additional selective nerve block. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement brachial plexus block, this request is not medically necessary.