

<b>Case Number:</b>	CM14-0205875		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/15/1998
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male with an injury date of 05/15/98. Progress notes provided, the most recent dated 10/20/14, are handwritten and largely illegible, subjective complaints are entirely illegible. According to 07/15/14 operative report, patient is status post transforaminal block of cervical spinal nerve 8, producing a 50 percent reduction in pain. Physical examination 10/20/14 describes a swollen and blue right hand, no other physical findings are described. The patient's current medications are not specified. Patient is currently on modified work duties. Diagnostic imaging was not included with the reports provided. Diagnosis 10/20/14:- Complex regional pain syndrome- Plexopathy (brachial)The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 06/02/14 to 10/20/14.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic and epidural blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute &

Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia) Pain Chapter, under Pain injections general.

**Decision rationale:** The patient presents with unspecified subjective complaints. Progress notes provided, the most recent dated 10/20/14, are handwritten and largely illegible, subjective complaints are entirely illegible. According to 07/15/14 operative report, patient is status post transforaminal block of cervical spinal nerve 8, producing a 50 percent reduction in pain. The request is for BRACHIAL PLEXUS BLOCK. Physical examination 10/20/14 describes a swollen and blue right hand, no other physical findings are described. The patient's current medications are not specified. Patient is currently on modified work duties. Diagnostic imaging was not included with the reports provided. ODG Guidelines, Shoulder (Acute & Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia) states the following: "Recommended when used by experienced practitioners. Regional anesthesia of the upper extremity has several clinical applications and is reported to have several advantages over general anesthesia for orthopaedic surgery. ODG Guidelines Pain Chapter, under 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 treater is requesting a brachial plexus block following a C8 block performed on 07/15/14. According to 10/20/14 progress note, the previous block produced a 50 percent improvement in pain lasting approximately 4 months. There is no documentation of a reduction in pain medications following the C8 block but progress note dated 10/20/14 indicates that this patient was able to return to work with modified duties following the block. The treater does not explain the request for brachial plexus block other than for pain relief. The guidelines do not discuss brachial plexus injections for chronic pain. There is lack of evidence that these injections can provide a lasting relief particularly for CRPS. The request IS NOT medically necessary.