

Case Number:	CM15-0005128		
Date Assigned:	01/13/2015	Date of Injury:	11/21/1994
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/26/2014

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: Pennsylvania, Ohio, 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 injured worker is a 73 year old male/female, who sustained a work/ industrial injury to her right shoulder and upper extremity on 11/21/94. She has reported symptoms of right upper extremity pain along with dropping things secondary to pain. The diagnoses have included bilateral upper extremity complex regional pain syndrome. Treatment to date has included right shoulder glenohumeral debridement with arthroscopic acromioplasty, right shoulder manipulation under anesthesia x2 due to frozen shoulder, placement of spinal stimulator with persisting right lower extremity neuropathic pain. Right axillary blocks were performed to include dates: 9/1/11, 1/12/12, 5/3/12, 8/17/12, 6/21/13, 1/3/14, 1/13/14, 11/24/14. The blocks reduce the pain from 10/10 to 6/10. Other treatment was oral and topical pain medication and exercises. On 12/19/14, Utilization Review non-certified Bilateral Axillary Blocks, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines (ODG) Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral axillary blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervicothoracic sympathetic block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Intravenous regional sympathetic blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatme.

Decision rationale: The request at this time is for bilateral axillary blocks. It appears from the medical records that this is a request for axillary sympathetic blocks related to the patient's underlying diagnosis of complex regional pain syndrome. The records indicate that the patient has been receiving similar treatment for an extremely extended time, since approximately 1997. The Chronic Pain Medical Treatment Guidelines, section on complex regional pain syndrome/sympathetic blocks, page 39, recommends sympathetic blocks only for a limited role, primarily for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. This is an extremely chronic case; the use of sympathetic blocks for such a prolonged timeframe is a notable outlier. The records do not provide a rationale for such an exception to the treatment guidelines. This request is not medically necessary.