

Case Number:	CM15-0100797		
Date Assigned:	06/03/2015	Date of Injury:	02/06/1981
Decision Date:	07/01/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 2/6/1981. The mechanism of injury is unknown. The injured worker was diagnosed as status post left shoulder revision and reflex sympathetic dystrophy. X rays were consistent with reverse total shoulder replacement. Treatment to date has included multiple left shoulder surgeries, injections, physical therapy, spinal cord stimulator and medication management. In a progress note dated 4/13/2015, the injured worker complains of left shoulder pain. The injured worker states the prior block improved pain. Physical examination showed left shoulder tenderness with range of motion. The treating physician is requesting a left shoulder block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

Decision rationale: The claimant sustained a work injury in February 1981 when, while working as a nursing aide, she injured her left shoulder while attempting to catch a falling patient. She has undergone multiple left shoulder surgeries and is being treated with a diagnosis of CRPS. Treatments have included stellate ganglion blocks. A sympathetic block in February 2015 had provided two weeks of improvement. When seen, she was having ongoing left shoulder pain. There was decreased range of motion with allodynia and swelling. Another sympathetic block was requested. In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand alone treatment. In this case, there is no adjunctive treatment being planned and previous blocks have been of limited, and short lasting benefit. The requested repeat block is not medically necessary.