

Case Number:	CM15-0145459		
Date Assigned:	08/06/2015	Date of Injury:	12/04/2013
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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:

This is a 38 year old male with a December 4, 2013 date of injury. A progress note dated July 6, 2015 documents subjective complaints (left neck pain rated at a level of 6 out of 10 with radiation into the left arm), objective findings (cervical spine range of motion limited by pain; tenderness to palpation in the left cervical paraspinals, left trapezius, and levator scapulae; positive left facet loading; sensation is not intact to light touch in the upper extremities, hypersensitive to touch in the left upper extremity; color changes noted in the left upper extremity; positive Adsons), and current diagnoses (thoracic outlet syndrome; complex regional pain syndrome; myofascial pain). Treatments to date have included medications, imaging studies, and therapy. The treating physician documented a plan of care that included a left shoulder anterior scalene block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder anterior scalene block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Colorado Workforce by the State of Colorado Department of Labor and Employment, Scalene Muscle Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) acute & chronic Shoulder complaints: Anterior scalene block, page 904.

Decision rationale: The patient is s/p rotator cuff repair and lipoma resection at left infraclavicular region in July 2014. His radicular symptoms and paresthesia complaints continues with recent EMG/NCS noted to show C8 impingement vs. brachial plexopathy. The patient had consult who recommended diagnostic left anterior scalene block to rule out TOS was certified by utilization review on 6/19/15. Current report has recommended for another scalene block along with possible stellate ganglion block for CRPS. Although MTUS/ACOEM is silent on Scalene blocks, ODG does recommend anterior scalene blocks for those individuals with protracted response to exercise as providing relief and adjunct to the diagnosis of acute TOS; however, does not recommend repeated blocks in therapeutic stage as in this case with questionable CRPS. Submitted reports have not demonstrated what blocks have been performed or any pain relief or functional improvement from treatment rendered. The Left shoulder anterior scalene block is not medically necessary and appropriate.