

Case Number:	CM15-0147498		
Date Assigned:	08/10/2015	Date of Injury:	04/15/2008
Decision Date:	09/14/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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:

The injured worker is a 61-year-old female, who sustained an industrial injury on April 15, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having brachial plexopathy. Treatment to date has included a plexus block. On June 26, 2015, notes stated that the injured worker had a three-month relief with her last plexus block. The handwritten treatment plan and objective findings were mainly illegible. On July 8, 2015, Utilization Review non-certified the request for left brachial plexus block with pulse radiofrequency and A2M (Alpha-2-Macroglobulin), citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left brachial plexus block with pulse radiofrequency and A2M (Alpha-2-Macroglobulin):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain chapter.

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 Pain (Chronic) Chapter, under CRPS, treatment.

Decision rationale: The patient presents with unspecified subjective complaints. The request is for LEFT BRACHIAL PLEXUS BLOCK WITH PULSE RADIOFREQUENCY AND A2M (ALPHA-2-MACR OGLOBULIN). The request for authorization is not provided. Two handwritten progress reports were provided with minimal information. The patient is status post LEFT Brachial Plexus Block, 02/05/15. Patient was good for almost 3 months after injection, but pain is returning. Patient is diagnosed with brachial plexopathy. Physical examination reveals weak and swollen LEFT hand. Per progress report dated 06/26/15, the patient remains off-work. ODG-TWC 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." ODG-TWC Guidelines, Pain (Chronic) Chapter, under CRPS, treatment Section states, "Brachial plexus blocks: Not recommended due to the lack of evidence for use and risk of complications including infection, intravascular injection, pneumothorax, and phrenic nerve paralysis." Treater does not discuss the request. It appears the treater is requesting a repeat block based on previous injection providing 3 months of pain relief. However, review of provided medical records show no discussion or documentation regarding any reduction in pain medications or change in work status following the previous block. Furthermore, per operative report dated 02/05/15, indication for procedure performed states, "The patient had an injury resulting in pain and a diagnosis of CRPS which has not responded to medications." However, ODG guidelines do not recommend Brachial Plexus Block as treatment for CRPS. Therefore, the request IS NOT medically necessary.