

Case Number:	CM15-0205190		
Date Assigned:	10/22/2015	Date of Injury:	06/08/2011
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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 28 year old female, who sustained an industrial injury on 6-8-2011. The injured worker is undergoing treatment for severe reactive-situational depression-anxiety-panic, thoracic outlet syndrome, cervical strain-sprain, disc protrusion and radiculopathy, myofascitis, right shoulder injury with repair and complex regional pain syndrome (CRPS). Medical records dated 9-14-2015 indicate the injured worker complains of burning neck, shoulder and arm pain described as "essentially unchanged." Physical exam dated 9-14-2015 notes "severe pain with manipulation of the right arm (limited) which is worsened since last exam." Treatment to date has included Soma and Percocet since at least 3-16-2015, Klonopin, Buspar, Topamax, Oxycontin since at least 5-27-2015 and surgery. The original utilization review dated 10-6-2015 indicates the request for Percocet 10-325mg #180. Soma 350mg #90 and Oxycontin 10mg #90 is certified and cervical epidural steroid injection is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural steroid injection (CESI/scalene block): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, web based, American Academy of Neurology (AAN).

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

Decision rationale: The claimant sustained a work injury in June 2011 when she was involved in a motor vehicle accident and underwent thoracic outlet surgery in February 2014. She continues to be treated for chronic right upper extremity pain including a diagnosis of CRPS. When seen, Medications included Percocet and OxyContin at a total MED (morphine equivalent dose) of 135 mg per day. Physical examination findings included severely favoring her right arm. There was a limited examination with severe pain with manipulation of the right arm. There was increased allodynia and hyperpathia. There were no obvious sensory or motor deficits. Psychological clearance for a spinal cord stimulator trial was requested. A cervical epidural steroid injection/scalene injection for immediate relief of the claimant's pain was requested. What is being requested is a brachial plexus block which is not recommended in the treatment of CRPS. There is a lack of evidence for use and risk of complications include infection, intravascular injection, pneumothorax, and phrenic nerve paralysis. In this case, although there are other treatments that could be considered for the claimant's CRPS, a spinal cord stimulator is being recommended which indicates a failure of the prior treatments provided. For these reasons, the request is not medically necessary.