

<b>Case Number:</b>	CM15-0207219		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 3-10-2009. Medical records indicate the worker is undergoing treatment for brachial plexopathy. Progress report dated 8-31-2015, reported the injured worker complained of only partial relief after Botox injection. A more recent progress note dated 9-8-2015, the injured worker complained of worsening hand symptoms. Physical examination from 8-31-2015, revealed a weak, numb hand. Treatment to date has included physical therapy and medication management. On 9-25-2015, the Request for Authorization requested bilateral brachial plexus block and A2M with sedation. On 10-6-2015, the Utilization Review noncertified the request for Bilateral brachial plexus block and A2M with sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral brachial plexus block and A2M with sedation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Pain, CRPS, treatment.

**Decision rationale:** The MTUS CPMTG is silent on the use of brachial plexus block. Per the ODG guidelines: 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. (Harden, 2013) (Tran, 2010) As the requested treatment is not supported by the guidelines, the request is not medically necessary.