

<b>Case Number:</b>	CM15-0208985		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/23/2005
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 9-23-05. The injured worker has bilateral muscle spasms, cervicobrachial, and bilateral scalene and positive bilateral Adson's maneuver. The diagnoses have included neurovascular compression syndrome. Treatment to date has included nucynta; zanaflex and physical therapy. The original utilization review (10-12-15) non-certified the request for right scalene block; left scalene block under ultrasound and electromyography guidance and physical therapy 2 times a week for 6 weeks for TOS specific symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Scalene Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anterior scalene block.

**Decision rationale:** The request is considered not medically necessary. According to the ODG, "anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet symptoms, and as an adjunct to diagnosis." The patient has bilateral muscle spasms, cervicobrachial, and bilateral scalene and positive bilateral Adson's maneuver. The diagnoses have included neurovascular compression syndrome. The patient has a chronic injury from 2005. A scalene block would be beneficial for an acute injury according to guidelines. Therefore, the request is not medically necessary.

**Left Scalene Block Under Ultrasound and EMG Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anterior scalene block.

**Decision rationale:** The request is considered not medically necessary. According to the ODG, "anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet symptoms, and as an adjunct to diagnosis." The patient has bilateral muscle spasms, cervicobrachial, and bilateral scalene and positive bilateral Adson's maneuver. The diagnoses have included neurovascular compression syndrome. The patient has a chronic injury from 2005. A scalene block would be beneficial for an acute injury according to guidelines. Therefore, the request is not medically necessary.

**Physical Therapy 2 Times a Week For 6 Weeks For TOS Specific Symptoms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The request for physical therapy for TOS is medically unnecessary. As per MTUS the treatment includes 9-10 physical therapy visits. The patient has had previous physical therapy without documentation of improvement in pain and function. The amount of sessions was not documented. The request for two sessions of therapy a week for six weeks would exceed the maximum number of recommended sessions. For these reasons, the request for additional physical therapy is not medically necessary.