

Case Number:	CM15-0025651		
Date Assigned:	02/18/2015	Date of Injury:	12/12/2003
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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 52 year old female, who sustained an industrial injury on December 12, 2003. The diagnoses have included brachial plexus neuropathy. In a progress note dated January 26, 2015, the treating provider report was hand written and not legible. On February 3, 2015 Utilization Review non-certified a bilateral brachial plexus nerve block with pulsed radiofrequency for bilateral, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Brachial Plexus Nerve Block with Pulsed Radiofrequency for Bilateral upper extremities: 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), Forearm, Wrist & Hand, Neuroma treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Nerve Blocks.

Decision rationale: According to the official disability guidelines brachial plexus nerve blocks can provide temporary relief with reportedly longer relief with pulsed radiofrequency treatment. However, the attached medical record does not indicate that the injured employee has failed to improve with more conservative treatments to include oral medications and physical therapy. Without documentation of failure of these initial treatments, this request for a bilateral brachial plexus nerve block with pulsed radiofrequency is not medically necessary.