

Case Number:	CM15-0214321		
Date Assigned:	11/04/2015	Date of Injury:	07/09/1999
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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 52 year old female with an industrial injury dated 07-09-1999. A review of the medical records indicates that the injured worker is undergoing treatment for plexopathy, brachial plexus neuropathy, shoulder rotator cuff tendinopathy, right ulnar neuropathy, cervical disc bulge, thoracic spine strain, lumbar spine strain, reflex sympathetic dystrophy (RSD) of right upper extremity, right hand strain and right wrist strain. Some documents within the submitted medical records are difficult to decipher. Medical records (3-25-2015) indicate that the injured worker's subjective complaints include neck, upper back, lower back and right upper extremity pain. In an operative report dated 06-18-2015, the injured worker underwent brachial plexus of the right shoulder rotator cuff tear and ulnar nerve injection with alpha 2 macroglobulin due to continued pain and limitation of the shoulder. In a progress report dated 07-29-2015, the injured worker reported significant improvement from A2M procedure in cervical spine range of motion and muscle spasms in shoulder and trapezius muscles. According to the progress note dated 10-13-2015, the injured worker reported a return of the pain status post 4 month graft repair from a plexus inject with A2M. Objective findings (10-13-2015) revealed tender shoulder muscle. Treatment has included right shoulder surgery x3, right first rib resection, right scalenectomy surgery, A2M procedure, prescribed medications, and periodic follow up visits. The treating physician prescribed services for repeat A2M brachial plexus block (right side). The utilization review dated 10-23-2015, non-certified the request for one A2M brachial plexus block (right side).

IMR ISSUES, DECISIONS AND RATIONALES

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

One A2M brachial plexus block (right side): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

Decision rationale: The patient presents with pain affecting the neck, upper back, lower back and right upper extremity. The current request is for One A2M brachial plexus block (right side). The treating physician report dated 10/13/15 (603B) is partially illegible and provides no rationale for the current request. MTUS page 103 states that there is limited evidence to support this procedure but is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. There is no discussion regarding how many injections are to be done but does emphasize that it has a limited role, for diagnosis primarily and as an adjunct to facilitate physical therapy (MTUS page 39). In this case, the report dated 10/13/15 notes that the patient presents with a diagnosis of plexopathy. Furthermore, the MTUS, guidelines support brachial plexus blocks for sympathetic pain involving the face, head, neck, and upper extremities but there is no indication for the treatment of plexopathy. The current request is not medically necessary.