MAXIMUS Federal Services

Case Number:	CM15-0036111		
Date Assigned:	03/04/2015	Date of Injury:	08/15/2007
Decision Date:	04/22/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 48-year-old male, who sustained an industrial injury on 08/15/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include dystonia and shoulder tendinosis. Treatment to date has included medication regimen. In a progress note dated 01/05/2015 the treating provider reports complaints of right arm pain with fifty percent improvement. The treating physician requested the treatments of left brachial plexus block, stellate ganglion (cervical sympathetic) block with pulsed radiofrequency, home health care, and acupuncture, but the documentation provided did not indicate the reason for these requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left brachial plexus block: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CRPS, Brachial Plexus.

Decision rationale: A brachial plexus nerve block involves areas such as the shoulder, arm, elbow, hand, and wrist. Brachial plexus blocks are thought to be most beneficial when used early and as an adjunct to rehabilitation with physical or occupational therapy. No controlled trials have shown any significant benefit from sympathetic blockade. In this case, there are no indications for a left brachial plexus block. The current guidelines do not recommend sympathetic blocks due to lack of evidence to support effectiveness. Medical necessity for the requested block has not been established. The brachial plexus block is not medically necessary.

1 stellate ganglion (cervical sympathetic) block with PRF: 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) CRPS, Stellate ganglion blocks.

Decision rationale: A stellate ganglion block can be used to treat a number of conditions by reducing stimulation of the stellate ganglion, which is part of the sympathetic network. Indications for stellate ganglion blocks include reflex sympathetic dystrophy of the upper extremities, Raynauds disease of the upper extremities, herpes zoster of the face or neck, hyperhidrosisof the neck of an upper extremity, and upper extremity pain due to arterial insufficiency. In this case, there is limited evidence from the guidelines to support a stellate ganglion (cervical sympathetic) block with PRF (pulsed radiofrequency). This block is for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Medical necessity of the requested stellate ganglion (cervical sympathetic) block with PRF has not been established. The requested procedures are not medically necessary.

1 request for home health care 3 hours a day, 7 days a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services.

Decision rationale: According to the California MTUS guidelines, home health services are recommended treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the patient is not homebound. The treating provider has not specified any specific skilled care needs that the patient will require. The requested service is not medically necessary.

16 session of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the initial request (of 24 visits) exceeds the guideline recommendations. Medical necessity for the requested service has not been established. The requested service is not medically necessary.