

Case Number:	CM15-0036929		
Date Assigned:	03/05/2015	Date of Injury:	11/23/2007
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 38 year old female who sustained an industrial injury on 11/23/2007. Current diagnoses include right post traumatic thoracic outlet syndrome secondary to overuse, left piriformis syndrome, and adhesive capsulitis of the left shoulder joint. Previous treatments included medication management, left arm surgery with nerve block of the left ulnar nerve, and physical therapy. Report dated 01/20/2015 noted that the injured worker presented with complaints that included right sided pain that radiates from the supraclavicular area in the ulnar distribution into the right hand with weakness and numbness. Physical examination was positive for abnormal findings. MRI of the lumbar spine performed on 02/10/2015 was included for review. Utilization review performed on 02/10/2015 non-certified a prescription for anterior scalene muscle injection under ultrasound guidance, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic anterior scalene muscle injection under ultrasound guidance: 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) treatment index, shoulder chapter.

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

Decision rationale: Pursuant to the Official Disability Guidelines, diagnostic anterior scalene muscle injection under diagnostic ultrasound is not medically necessary. An anterior scalene block is recommended if the response to exercise is protracted. Anterior scalene blocks have been reported to be efficacious in the relief of acute thoracic outlet symptoms and as an adjunct to diagnosis. Conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured worker's working diagnoses are status post closed head trauma with persistent headache, tinnitus vertigo; left thoracic outlet syndrome associated with left shoulder adhesive capsulitis, upper extremity entrapment and associated left piriformis findings; right posttraumatic thoracic outlet syndrome secondary to overuse; hypertension; status post left ankle arthroscopy 2009; and L4 - L5 and L5 - S1 discopathy. The injured worker has done well following left scalenectomy. The injured worker has developed similar symptoms in the right brachial plexus. A soft tissue ultrasound brachial plexus with Doppler flow was positive on the right. The treating physician is requesting an anterior scalene muscle injection under ultrasound guidance to the right anterior scalene muscle. There was no documentation in the medical record of response to exercise (per the guidelines). Additionally, the Official Disability Guidelines do not support the use of ultrasound guidance for injections. The utilization review physician had a peer-to-peer discussion with the treating physician. No additional clinical information was garnered from the peer discussion. Consequently, absent clinical documentation to support the anterior scalene muscle injection with guideline recommendations that do not support the ultrasound guided injection, diagnostic anterior scalene muscle injection under diagnostic ultrasound is not medically necessary.