

<b>Case Number:</b>	CM15-0040703		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

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 year old male, who sustained an industrial injury on December 22, 2010. The injury mechanism is unclear. The injured worker was diagnosed as having complex regional pain syndrome. Treatment to date has included medications, and multiple plexus blocks. The records indicate he had a brachial plexus block on July 22, 2014, and that he had had months of pain relief with previous blocks. On November 25, 2014, he had a repeat plexus block. Several records available for this review were hand-written and difficult to read. The records indicate he gets approximately 3 months of greater than 50% pain reduction from each plexus block. The request is for a brachial plexus block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brachial Plexus Block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC Forearm, Wrist & Hand Section (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103.

**Decision rationale:** The injured worker is being treated for complex regional pain syndrome secondary to brachial plexopathy. He has undergone at least 2 brachial plexus blocks with documented significant relief for several months without significant complications. The procedure note dated 11/25/14 indicates post injection Horner syndrome in addition to abrupt onset of warming of his hand. For the treatment of CRPS, MTUS guidelines recommends regional sympathetic blocks. Testing for adequate block needs to be recorded. A Horner sign indicates sympathetic block of the head and face was adequate; whereas, successful block of upper extremity is gauged by an increase surface temperature difference on the ipsilateral limb. There is adequate documentation demonstrating sympathetic block response, in addition the patient is reporting sustained clinical response and pain relief in his previous procedure. The request for repeat brachial plexus block is therefore medically necessary.