

Case Number:	CM15-0082238		
Date Assigned:	05/04/2015	Date of Injury:	10/13/2005
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/29/2015

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 62-year-old female, who sustained an industrial injury on October 13, 2005. The injured worker was diagnosed as having lumbar disc bulges, thoracic degenerative disc disease (DDD), bilateral carpal tunnel surgery and right knee and ankle strain. Treatment and diagnostic studies to date have included medication and injections. A follow-up note dated March 11, 2015 provides the injured worker complains of low back pain and right upper extremity numbness and tingling. A progress note dated May 15, 2012 provides the injured worker complains of back, bilateral elbow, wrist and foot pain. She reports low back pain radiates to feet. She rates her pain 8/10. Prior epidural steroid injection provided 60% pain relief. Physical exam notes positive Becterew's, Braggard's, Kemp's, Patrick's and Phalen's tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Middle Scalene Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: Based on the 03/11/15 progress report provided by treating physician, the patient presents with right upper extremity numbness and tingling, and low back pain. The request is for Right Middle Scalene Block. Patient's diagnosis per 05/15/12 progress report (latest report does not include diagnosis, nor examination findings) included thoracic spine degenerative disc disease, probable right elbow internal derangement, and status post bilateral carpal tunnel syndrome surgery. Physical examination on 05/15/12 pertained to lumbar spine orthopedic tests. Positive elbow flexion and Phalen's bilaterally. Per 05/15/12 report, EMG dated 06/06/14 was consistent with mild carpal tunnel syndrome. Treatment and diagnostic studies to date have included surgery, injections, and medications. Patient's medications include Ultracet and Flexeril. Per 10/17/11 AME report, the patient requires prophylactic work restrictions. Treatment reports were provided from 10/17/11 - 03/23/15. ACOEM guidelines page 212, Scalene Blocks states in discussion on thoracic outlet syndrome that "While not well supported by high-grade scientific studies, with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to electromyography (EMG) guided scalene block, confirmatory electrophysiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery." RFA dated 04/03/15 was provided with the request, but no diagnosis noted. Per 03/11/15 progress report, treater states the patient was seen by another physician who's "recommendation was for a scalene block." In this case, although the patient has right upper extremity symptoms of numbness and tingling, there is no clear diagnosis of thoracic outlet syndrome. Examination findings do not suggest this diagnosis and the treater does not discuss rationale for the request. There is no imaging or EMG confirmation or suspicion of Thoracic Outlet Syndrome to warrant the procedure. There is no mention of current neck pain, or examination findings. Furthermore, the patient does not present with any red flags such as progressive weakness, atrophy, or neurologic dysfunction to warrant a confirmatory response to scalene block. Therefore, the request for right middle scalene block is not medically necessary.