

Case Number:	CM15-0082883		
Date Assigned:	05/05/2015	Date of Injury:	09/01/2006
Decision Date:	06/17/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: New York, West Virginia, Pennsylvania

Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on 9/1/06. He reported initial complaints of neck and left shoulder. The injured worker was diagnosed as having brachial plexus lesions; unspecified neuralgia neuritis and radiculitis; degenerative cervical intervertebral disc; migraine; neurovascular compression; myofascial pain. Treatment to date has included status post cervical discectomy/fusion C5-6 (8/20/11); status post diagnostic left anterior scalene block with fluoroscopy needle location (12/14/12); acupuncture; physical therapy; medications. Diagnostics included EMG/NCV upper extremities (1/23/14). Currently, the PR-2 notes dated 9/18/14 indicated the injured worker complains of mild to moderate distress. Is pain behaviors are within the expected context of disease with grimacing, groaning, moaning, reduced verbalization, guarded movements, limited mobility and range of motion are generally reduced. Overhead activity with his left arm, repetitive motion with his left upper extremity as well with tender to touch palpation muscle twitch response in the left trapezius, left parascapular, left cervical paraspinal musculature and left pectoralis minor regions. Adson's testing is markedly positive, Tinel's positive in the left supraclavicular notch, left pectoralis major, Tinel's markedly positive on the left greater occipital nerve. There is full 5/5 strength due to pain in the left upper extremity. Head and neck posteriorly notes mild restriction in all directions, movement moderately restricted in all directions with pain elicited in all directions. On this date, the provider administered trigger point injections to the left trapezius left cervical paraspinal musculature regions. There is also a procedure note submitted that demonstrates a diagnostic left anterior

scalene block with fluoroscopy needle location (12/14/12) was completed to rule out left thoracic outlet syndrome. The symptoms remained unchanged and unabated presenting symptoms are referable to the left side and the right side is asymptomatic. The most prominent pain is in the left neck, shoulder, arm and hand. The provider is requesting medical clearance (history and physical, electrocardiogram, laboratory exams) and 1 left scalene block (anterior and middle scalene) under ultrasound and electromyography guidance both between 4/20/15 and 6/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance (history and physical, electrocardiogram, laboratory exams): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Guidelines state that medical clearance exams may be appropriate to determine medical stability prior to an anesthetic procedure and surgery. In this case, the rationale for medical clearance is not indicated. The request for medical clearance (history, physical, EKG, and laboratory exams) is not medically appropriate and necessary.

1 left scalene block (anterior and middle scalene) under ultrasound and electromyography guidance: 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) Shoulder, Anterior scalene block.

Decision rationale: Guidelines recommend scalene blocks in the treatment of acute thoracic outlet symptoms and as an adjunct to diagnosis and that it is advisable to have a confirmatory response to EMG guided scalene block before consideration of surgery in patients with neurologic dysfunction. In this case, a complete physical examination is not documented and the rationale for the scalene block is not clearly stated. The request for left scalene block under ultrasound and electromyography is not medically appropriate and necessary.