

Case Number:	CM15-0085571		
Date Assigned:	05/08/2015	Date of Injury:	01/11/2006
Decision Date:	09/14/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 1/11/2006. She reported cumulative trauma to the neck, hand, wrist, and lower back. Diagnoses include chronic. Treatments to date include activity modification, physical therapy and medication therapy. Currently, she complained of continuous pain in the lower back, neck, hands, wrists, and arms. She reported bilateral upper extremity swelling and discoloration. On 3/10/15, the physical examination documented cervical tenderness and tenderness over the shoulder girdle. Strength of the upper extremities was 4/5 with abnormal sensitivity to right upper extremities. There was muscle spasm noted in cervicobrachial, paraspinals, and bilateral upper trapezius muscles. The plan of care included right and left scalene block, and associated services including medical clearance to include health and physical, electrocardiogram, and laboratory evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right and Left Scalene Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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

Decision rationale: The Official Disability Guidelines recommend anterior scalene block if response to exercise is protracted. Anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet symptoms, and as an adjunct to diagnosis. There is no documentation of an exercise regimen and a diagnosis of thoracic outlet syndrome has not been established. Right and Left Scalene Block are not medically necessary.

Medical Clearance, History and Physical, electrocardiogram and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care, preoperative tests.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The previous reviewer recommended authorization of the EKG and the history and physical, but the regulations require an IMR consider the requests together as one. There is no documentation supporting the necessity of laboratory testing given that administration of an anterior scalene block is not considered surgery. Medical Clearance, History and Physical, electrocardiogram and labs are not medically necessary.

Scapular Stabilization Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The MTUS recommends brief use of a brace for severe shoulder pain (1 to 2 days), with pendulum exercises to prevent stiffness in cases of rotator cuff conditions. Prolonged use of a brace only for symptom control is not recommended. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Scapular Stabilization Brace is not medically necessary.

Home Cervical Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic, Traction Home Units.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction.

Decision rationale: The Official Disability Guidelines recommend home cervical patient-controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Home Cervical Traction Unit is not medically necessary.

Pain Psychology Consultation and testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, pg 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. I am reversing the previous utilization review decision. Pain Psychology Consultation and testing is medically necessary.

Ultrasound guided trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Ultrasound guided trigger point injections are not medically necessary.