

Case Number:	CM15-0087859		
Date Assigned:	05/12/2015	Date of Injury:	03/28/2014
Decision Date:	06/17/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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 47-year-old female, who sustained an industrial injury on 3/28/14. She reported initial complaints of right shoulder/arm finger numbness/tingling and headaches with sleep disorder. The injured worker was diagnosed as having continuous trauma injury to head, neck, and upper extremities; cervical stain; bilateral upper extremities shoulder to hand/ strains - right worse than left; headaches and head pain; ringing in ears bilaterally; stress, anxiety; sleep disorder. Treatment to date has included physical therapy; right shoulder injection cortisone (1/8/15). Diagnostics included MRI cervical spine (4/22/14); MRI right shoulder (5/31/14); EMG/NCV study upper extremities (6/24/14); Ultrasound Report (3/25/15). Currently, the PR-2 notes dated 3/23/15 indicated the injured worker returns to this office to complete a Doppler ultrasound of the brachial plexus. She continues to have symptoms of right brachial plexopathy and is significant for neck, right shoulder and right upper extremity weakness and dizziness. She has moderate right scalene and right pectoralis minor tenderness with right brachial plexus Tinel. Shoulder range of motion of the right is limited with positive right costoclavicular abduction test, Roos and Adson tests on the right. She also has findings of right ulnar nerve compression and cubital tunnel Tinel. There is moderate right upper extremity weakness by Jamar. Cervical spine x-rays reveal mild C3-4 and C4-5 retrolisthesis, disc spaces well maintained. Shoulder x-rays are negative; cervical spine MRI C5-6 broad based posterior disc bulge; EMG reveals right C7-C8 chronic radiculopathy with normal NCV study. The brachial plexus Doppler ultrasound reveals right scalene muscular edema and fibrotic. There was right positive Adson's test and left normal brachial plexus region. The remainder of the shoulder ultrasound bilaterally was negative. The provider is requesting a Right Scalene Intramuscular

Injection with PRP (platelet rich plasma)/Botox with Hyaluronidase Ultrasound Guidance. The Utilization Reviewer spoke with the provider. Utilization Review modified the authorization for Botox only with Ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Scalene Intramuscular Injection with PRP (platelet rich plasma)/Botox with Hyaluronidase Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Anterior scalene block; URL (www.ncbi.nlm.nih.gov/pmc/articles/PMC2779737); Official Disability Guidelines: Head chapter - Botulinum toxin (Botox); Official Disability Guidelines: Pain chapter - PRP Platelet rich plasma.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Botox Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter on platelet-rich plasma.

Decision rationale: The patient continues complain of right neck and right shoulder pain with right upper extremity numbness and headaches. The current request is for a Right Scalene Intramuscular Injection with PRP (platelet rich plasma)/Botox with Hyaluronidase Ultrasound Guidance. The Request for Authorization is dated 04/02/15. Treatments to date has included physical therapy, medications, and right shoulder injection cortisone (1/8/15). ACOEM guidelines page 212 (Scalene block) 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." Regarding platelet-rich plasma injections, MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the shoulder chapter on platelet-rich plasma states, "under study as a solo treatment. Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment." MTUS Guidelines page 25 and 26 has the following on Botox, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections." According to progress report 03/23/15, the patient had an ultrasound which noted right anterior scaling musculature edema, fibrosis and adhesion. There was right brachial plexus middle and inferior nerve trunk thickening/enlargement. Positive Adson's test on the right was noted. The treating physician stated that the patient has findings of right brachial plexopathy with associated right shoulder adhesive capsulitis, and recommended a right scalene Botox chemodenervation/platelet rich plasma injection with Hyaluronidase. The treating

physician has submitted prior requests for shoulder surgery, which has been denied. In this case, the patient does not meet the indications for the requested injection. Scalene block may be considered before surgery; however, the requested surgery has been denied. The patient presents with right shoulder adhesive capsulitis but there is no indication of scheduled arthroscopic surgery for repair of rotator cuff tear in conjunction with the platelet rich plasma injection. In addition, the patient reports headaches with no indication of cervical dystonia to consider Botox injections. There is no support for the requested injection. This request IS NOT medically necessary.