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| Case Number: | CM14-0115771 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 02/28/2011 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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. The expert reviewer is Board Certified in General Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year old female with a reported date of injury on March 21, 2013. The mechanism of injury is described as lifting. The injured worker was placing a box on top of a cart and raised the right arm and felt right arm pain, as well as pain from the neck to the right side of the face and back. An MRI of the cervical spine dated July 29, 2013 documented that there was a mild spondylosis within the cervical spine with 5 millimeter cyst and neural foraminal (sic) at C5-C6. The injured worker has completed 20 physical therapy visits. Results of an Electromyography (EMG)/Nerve Conduction Velocity (NCV) dated December 05, 2013 were negative. A request for repeat bilateral upper extremity EMG/NCV had been made and was denied on a prior utilization review determination dated April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sympathetic Nerve Block x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The claimant is noted to have had previous lumbar sympathetic blocks yet the subsequent documentation does not document the percent relief of symptoms nor its duration. The office note of 5/15/14 clearly states the claimant does not want any further injections. The subsequent office note of 7/9/14 does not state any change of heart on the part of the claimant, only a reference to UCSF note suggesting continuation of the lumbar sympathetic blocks. Furthermore the claimant has resumed daily consumption of "2 shots of hard whiskey qpm". The combination of the current medication regimen with alcohol will only represent another confounding variable in the treatment of this claimant's pain complaints and should be strongly discouraged, but there is not documentation to that effect. Therefore the requested repeat lumbar sympathetic blocks remain not medically necessary.