

Case Number:	CM14-0118553		
Date Assigned:	09/23/2014	Date of Injury:	08/13/1997
Decision Date:	10/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 56-year-old male who has submitted a claim for chronic pain and brachial plexus lesions associated with an industrial injury date of 8/13/1997. Medical records from 1/21/2014 up to 8/25/2014 were reviewed showing aggravation and swelling in the brachial plexus supra and infraclavicular area on the left side. Physical examination revealed severe tenderness over the left supraclavicular region with positive Tinel's and Adson's on the left. DTRs are and symmetric. There is decreased sensation to touch and pain in LUE vs. RUE (diffusely). There was edema of the supraclavicular region. There were tenderness and muscle twitch response over the left pectoralis minor, trapezius, and parascapular musculature with positive Tinel's at left pectoralis minor. MRI of the brachial plexus taken on 7/7/2014; shows now present neurovascular compression with prominent draining of the venous structures crossing the supraclavicular brachial plexus and abutment and displacement of the lateral cord in the infraclavicular plexus. The primary physician noted that there is vascular compression; a second opinion is warranted because there may be a role for first rib resection for treatment. Treatment to date has included Voltaren and Norco. Utilization review from 7/14/2014 denied the request for Left Scalene Block, Medical Clearance: H7P & Labs, and Electrocardiogram (EKG). Regarding the scalene block, both the classic and current medical literature fail to support a current indication for a scalene block in the current chronic situation. It is not apparent that this treatment would be either diagnostic or therapeutic in a chronic setting. Since the scalene block is non-certified, it follows that medical clearance with H&P, labs, and EKG are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Scalene Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Anterior Scalene Block

Decision rationale: CA MTUS (ACOEM), supports a scalene muscle block as an aid in the clinical differentiation of primary sources of pain and weakness in the upper limb when the differential diagnosis includes thoracic outlet syndrome. As per ODG, if response to exercise is protracted, anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet symptoms, and as an adjunct to diagnosis. In this case, the patient was noted to have signs and symptoms consistent with neurovascular compression syndrome arising from the level of the plexus/thoracic outlet. MRI of the brachial plexus taken on 7/7/2014; shows neurovascular compression with prominent draining of the venous structures crossing the supraclavicular brachial plexus and abutment and displacement of the lateral cord in the infraclavicular plexus. The primary physician noted that there is vascular compression; a second opinion is requested because there may be a role for first rib resection for treatment. However, the patient's injury was in 1997. Anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet symptoms and as an adjunct to diagnosis. Guidelines do not recommend this procedure for chronic injuries. It is not apparent that this treatment would be either diagnostic or therapeutic in a chronic setting. Therefore, the request for a Left Scalene Block is not medically necessary.

Medical Clearance: H7P & Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrocardiogram (EKG): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

