

Case Number:	CM15-0007327		
Date Assigned:	01/22/2015	Date of Injury:	05/31/2005
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona

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 44-year-old female who reported an injury on 05/31/2005 due to an unspecified mechanism of injury. On 02/10/2014 she presented for an evaluation regarding her work related injury. A physical examination was not documented at this visit and subjective complaints were also not documented. It was stated that the injured worker was in no acute distress, was alert, well developed, and well nourished and affect was normal and positive. Her diagnoses included other chronic pain, brachial plexus lesions, carpal tunnel syndrome, lesion of the ulnar nerve, unspecified mononeuritis of the lower limb, pain in the joint of the upper arm, and brachial neuritis or radiculitis nos. Her medications included ibuprofen. The treatment plan was for a right scalene block injection. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Scalene Block Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 205-207.

Decision rationale: According to the California ACOEM Guidelines, invasive techniques have limited proven value and are only recommended after conservative therapy and would only be recommended after conservative therapy. There was a lack of documentation indicating that the injured worker has tried and failed all recommended conservative treatment options to support the request for an injection. In addition, the site at which the injection was to be done was not stated within the documentation. Furthermore, there were no physical examination findings documented on the most recent clinical note to support that the injured worker has any significant functional deficits. Given the above, the request is not medically necessary.