

Case Number:	CM15-0018952		
Date Assigned:	02/06/2015	Date of Injury:	08/08/2011
Decision Date:	05/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 8/8/11. She reported initial complaints of neck and left shoulder. The injured worker was diagnosed as having other chronic pain; brachial plexus lesions; pain in the joint shoulder region; adhesive capsulitis of shoulder. Treatment to date has included MRI left brachial plexus (12/8/11); medications. Currently, the PR-2 notes dated 12/17/14 indicated the injured worker was seen emergently in the office on this date. She presents with left arm symptoms, left shoulder symptoms. The physical examination notes there is limited movement moderately restricted in all directions, pain elicited in all directions with normal stability and strength and tone. In the left upper extremity he notes generalized tenderness over the shoulder girdle, severe tenderness over the supraclavicular area, severe tenderness over the scapular area, severe tenderness over the infraclavicular area. He continues with muscle spasms: cervicobrachial, left paraspinal, left scalene, left upper trapezius; positive trigger points with twitch responses. The reflexes are altered due to left shoulder depression and a positive Adson's maneuver on the left. On this date administered trigger point injections with ultrasound guidance to the cervical paraspinal, trapezius, parascapular and pectoralis minor areas. The provider documents the injured worker has signs and symptoms consistent with neurovascular compression syndrome arising from the level of the plexus/thoracic outlet. Objective diagnostic testing was the MRI plexus which reported as abnormal (12/18/11). The provider is requesting at this time: Left Scalene Block and H&P, EKG, Labs.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

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

Decision rationale: A progress note on 11/5/13 indicated the claimant had 2 prior scalene blocks with minimal improvement in 2011 and 2013. According to the guidelines, invasive procedures and injections are not recommended due to their short-term benefit. In this case, the claimant has had prior scalene blocks with minimal improvement. The request for additional blocks is not justified and not medically necessary.

Medical clearance: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Circulation 2001 Pg 418-500 and table 2- Based on AHA guidelines. Pre-op Labs ODG pg 76 and AAFP see below Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations.

Decision rationale: According to the guidelines, medical clearance for low-risk surgeries in low risk patients is not medically necessary. In this case, the claimant's procedures were not cardiac in nature and the claimant had received blocks in the past. In addition, the request for the block is not medically necessary; therefore the medical clearance is not medically necessary.

H&P, EKG, Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org; <http://emedicine.medscape.com/article/1894014>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-op Labs ODG pg 76 and AAFP see below Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations.

Decision rationale: According to the guidelines, medical clearance for low -risk surgeries in low risk patients is not medically necessary. In this case, the claimant's procedures were not cardiac in nature and the claimant had received blocks in the past. In addition, the request for the block is not medically necessary; therefore the medical labs and EKG are not medically necessary.