

<b>Case Number:</b>	CM15-0114234		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 51 year old female, who sustained an industrial injury on 4/15/2011. The current diagnoses are complex regional pain syndrome of the right upper extremity, chronic cervical spine strain with myofascial pain, right carpal tunnel syndrome, ulnar neuropathy at the Guyon's canal, right, status post right ulnar nerve transposition, status post carpal tunnel release with partial synovectomy, thoracic outlet syndrome, status post thoracic outlet surgery above the right clavicle (1/6/2014). According to the progress report dated 4/21/2015, the injured worker complains of worsening neck and right upper extremity pain. In addition, she has had worsening soft tissue swelling, sweatiness, color changes, and hypersensitivity. The level of pain is not rated. The physical examination reveals palpable muscle spasms involving the right neck, upper back and anterior right upper chest (recent surgery site), tenderness in the axilla with nerve-like pain, and tenderness in the inner elbow in the ulnar distribution. The right hand is sweaty. She cannot make a full fist. There is some soft tissue swelling. Grip strength is significantly decreased. The current medications are Norco, Ambien, and Valium. Per notes, the medications are not helpful. She wakes up with pain frequently and is extremely uncomfortable. Treatment to date has included medication management, wrist/elbow brace, and surgical intervention. The plan of care includes right-sided intrascalene brachial plexus block under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right-sided intrascalene brachial plexus block: 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), Shoulder, Nerve blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Shoulder (Acute & Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia); Pain Chapter, under Pain injections general.

**Decision rationale:** The patient was injured on 04/15/11 and presents with right neck pain and right upper extremity pain. The request is for a right-sided intrascalene brachial plexus block. The utilization review denial rationale is that the "claimant has complex regional pain syndrome due to sympathetic hypersensitivity and requires a classic sympathetic block. Intrascalene brachial plexus block is not a sympathetic block because it has sensory and motor nerve fiber component within it whereas stellate ganglion block is specific and gold standard sympathetic block for the right upper extremity and the neck region." The RFA is dated 03/24/15 and patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had a prior intrascalene brachial plexus block. ODG Guidelines, Shoulder (Acute & Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia) states the following: "Recommended when used by experienced practitioners. Regional anesthesia of the upper extremity has several clinical applications and is reported to have several advantages over general anesthesia for orthopaedic surgery. ODG Guidelines Pain Chapter, under Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." The patient has palpable muscle spasm involving the right neck, upper back, and right upper chest. There is tenderness in the axilla with nerve-like pain and on the inner elbow of the ulnar distribution. She is diagnosed with complex regional pain syndrome of the right upper extremity, chronic cervical spine strain with myofascial pain, right carpal tunnel syndrome, ulnar neuropathy at the Guyon's canal, right, status post right ulnar nerve transposition, status post carpal tunnel release with partial synovectomy, thoracic outlet syndrome, and status post thoracic outlet surgery above the right clavicle (1/6/2014). The reason for the request is not provided. The guidelines do not discuss brachial plexus injections for chronic pain. There is lack of evidence that these injections can provide a lasting relief particularly for CRPS. The request is not medically necessary.

**Plexus block under fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Nerve blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Shoulder (Acute & Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia); Pain Chapter, under Pain injections general.

**Decision rationale:** The patient was injured on 04/15/11 and presents with right neck pain and right upper extremity pain. The request is for a plexus block under fluoroscopy. The utilization review denial rationale is that the "claimant has complex regional pain syndrome due to sympathetic hypersensitivity and requires a classic sympathetic block. Intrascapular brachial plexus block is not a sympathetic block because it has sensory and motor nerve fiber component within it whereas stellate ganglion block is specific and gold standard sympathetic block for the right upper extremity and the neck region." The RFA is dated 03/24/15 and patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had a prior plexus block. ODG Guidelines, Shoulder (Acute & Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia) states the following: "Recommended when used by experienced practitioners. Regional anesthesia of the upper extremity has several clinical applications and is reported to have several advantages over general anesthesia for orthopaedic surgery. ODG Guidelines Pain Chapter, under Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." The patient has palpable muscle spasm involving the right neck, upper back, and right upper chest. There is tenderness in the axilla with nerve-like pain and on the inner elbow of the ulnar distribution. She is diagnosed with complex regional pain syndrome of the right upper extremity, chronic cervical spine strain with myofascial pain, right carpal tunnel syndrome, ulnar neuropathy at the Guyon's canal, right, status post right ulnar nerve transposition, status post carpal tunnel release with partial synovectomy, thoracic outlet syndrome, and status post thoracic outlet surgery above the right clavicle (1/6/2014). The reason for the request is not provided. The guidelines do not discuss brachial plexus injections for chronic pain. There is lack of evidence that these injections can provide a lasting relief particularly for CRPS. The request is not medically necessary.