

Case Number:	CM15-0117389		
Date Assigned:	06/25/2015	Date of Injury:	01/10/2010
Decision Date:	07/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/17/2015

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, Pain Management

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 45 year old female with an industrial injury dated 01/10/2010. The mechanism of injury is documented as occurring when a patient started to fall and grabbed on to her causing pain in her left shoulder, elbow, hand, neck and lower back. Her diagnoses included chronic pan syndrome - complex regional pain syndrome, medial epicondylitis on the left, paresthesia left upper extremity, sprain/strain of lumbar spine and depressive disorder. Prior treatment included physical therapy, cortisone injection to shoulder, arthroscopic subacromial decompression, stellate ganglion block, acupuncture, Pil-O-splint for elbow and medications. She presents on 05/07/2015 with complaints of lumbar spine pain rated as 8/10 and described as constant. Left arm pain is 8-9/10 with numbness and tingling. She reports the pain is interfering with her sleep and her activities of daily living. She report she is going to have a PICC (peripherally inserted central venous catheter) line placed at the end of the month and then is going to have a stellate block done. The provider documents her level of functioning is massively reduced and was not doing well at work and not able to perform her activities with any productivity or precision. Physical exam noted left arm was swollen and tender anywhere she was touched. Skin color was ashy. Lumbar spine range of motion was decreased. There was a positive toe and a positive heel walk with positive paraspinal tenderness to percussion. Treatment plan included PICC line placement and stellate block. She was temporarily totally disabled. The request is for insertion of peripherally inserted central venous catheter (PICC) without subcutaneous port or pump; age 5 years or older.

IMR ISSUES, DECISIONS AND RATIONALES

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

Insertion of Peripherally inserted central venous catheter (PICC) without subcutaneous port or pump; age 5 years or older: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23472835> Advantages and disadvantages of peripherally inserted central venous catheters compared to other central venous lines: a systematic review of the literature.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1433943-overview> Update Online, Central Venous Access.

Decision rationale: With regard to the request for PICC, the CA MTUS or ODG do not address this issue. Instead, an online, evidenced-based database, Uptodate Online, is referenced which state the following indications for central venous access: "Inadequate peripheral venous access- Administration of noxious medications. Medications such as vasopressors, chemotherapy, and parenteral nutrition are given by central venous catheters because they can cause vein inflammation (phlebitis) when given through a peripheral intravenous catheter. Hemodynamic monitoring. Central venous access permits measurement of the central venous pressure, venous oxyhemoglobin saturation and cardiac parameters (via pulmonary artery catheter). Extracorporeal therapies - Large bore venous access is required to support high-volume flow required for many extracorporeal therapies including hemodialysis, continuous renal replacement therapy, and plasmapheresis. Venous access is also needed to place venous devices and for venous interventions including: Transvenous cardiac pacing, Inferior vena cava filter placement- Venous thrombolytic therapy, venous stenting. Furthermore, an academic article from Medscape/Emedicine states that ultrasound (US) guidance for the insertion of peripheral intravenous (PIV) catheters is a "technique offers the following advantages over the traditional method of gaining PIV access: Allows cannulation of veins that are neither visible nor palpable- Reduces the need for a central line and its potential complications." Within the submitted documentation, there is the statement that this worker requires IV access for a stellate ganglion block. This worker is known to have difficult IV access but there does not appear to have been any trial of ultrasound guided peripheral access. Without first trying this step, a central line is not warranted and is both more invasive and riskier. The original request is not medically necessary.