

Case Number:	CM15-0141203		
Date Assigned:	07/30/2015	Date of Injury:	02/17/1997
Decision Date:	10/29/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Surgery

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 was a 64 year old male, who sustained an industrial injury, February 17, 1997. The injured worker previously received the following treatments Gabapentin, Lidoderm Patches, Cymbalta, failed Tramadol and Dendracin, discontinued Percocet and Ambien, left stellate ganglion block, repeat left shoulder MRI on February 12, 2015 and cervical spine MRI. The injured worker was diagnosed with status post left shoulder arthroscopy and open subacromial decompression revision and distal left clavicle resection on July 29, 2013, complex regional pain syndrome of the left upper extremity, cervical sprain or strain with bilateral neuroforaminal stenosis C4 through C5 per MRI, status post rotator cuff repair time 2 on both the left and right shoulders, status post repeat shoulder surgery on October 15, 2012, mild acute C5-C6 radiculopathy on the left per electrodiagnostic study on November 4, 2010 and status post opioid detoxification. According to progress note of April 20, 2015, the injured worker's chief complaint was left shoulder pain. The injured worker was having difficulty with range of motion. On, September 16, 2014, the injured worker received a left stellate ganglion block, which provided 75% relief following the procedure. However, the injured worker reported the symptoms were slowly returning to baseline. The physical exam noted moderate to severe tenderness over the glenohumeral joint and acromioclavicular joint. There was positive allodynia over the left shoulder. There was positive impingement and positive cross arm. There was limited range of motion particularly with abduction and external rotation. The treatment plan included transportation to and from surgery center for the procedure (left stellate ganglion block under fluoroscopy, submitted diagnosis complex regional pain syndrome with acute flare-up in the left upper extremity, as an outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transportation to and from surgery center for the procedure (left stellate ganglion block under fluoroscopy), submitted diagnosis complex regional pain syndrome with acute flare-up in the left upper extremity, as an out-patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Transportation (to & from appointments) and Other Medical Treatment Guidelines Department of Health Care Services-California http://www.dhcs.ca.gov/services/medical/Pages/ManualofCriteria_ada.aspx Criteria Manual Chapter 12.1, Criteria For Medical Transportation and Related Services, R-15-98E Criteria For Medical Transportation And Related Services II, Non - emergency Medical Transportation.

Decision rationale: This review is under the assumption that the left stellate ganglion block under fluoroscopy has been approved. The guidelines cited above allow for "medical transportation" when a medical or physical condition prevents usual means of transportation. After a review of the patient's medical records, there is no documentation of a medical condition which renders the injured worker unable to provide self-transport or use ordinary means of private transport to and from outpatient surgery. Therefore, the prior utilization review is upheld and the transportation to and from surgery are not medically necessary and appropriate.