

<b>Case Number:</b>	CM15-0165529		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/22/1998
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Emergency Medicine

### 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 male, who sustained an industrial injury on 05-22-1998. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for complex regional pain syndrome, and brachial plexopathy. Medical records (02-16-2015) indicate ongoing neck, upper back and shoulder pain with numbness and tingling in the bilateral hands and arms. Pain levels were not mentioned, and activity levels and level of functioning were not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The recent physical exams and progress notes were hand written and difficult to decipher; however, neuropathic pain and atrophy of the hand were noted on the PR dated 07-27-2015. Relevant treatments have included cervical fusion surgery (1999), physical therapy (PT), work restrictions, and pain medications (temazepam since at least 02-2015). The treating physician indicates that MRI of the brachial plexus (2000) showed bilateral costoclavicular compression (laxity) of the brachial plexus (right greater than left) with site compression greater at the junction of the draining veins of the head, neck and upper extremities, and bilateral lateral scalene triangle compression (right greater than left). The request for authorization (07-28-2015) shows that the following medications and services were requested: 1 year gym membership, bilateral brachial plexus stellate block, and temazepam 30mg #30. The original utilization review (08-11-2015) non-certified the request for 1 year gym membership and bilateral brachial plexus stellate block, and partially approved the request for temazepam 30mg #30 (modified to #15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year gym membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

**Decision rationale:** The requested 1 year gym membership, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The injured worker has complex regional pain syndrome, and brachial plexopathy. Medical records (02-16-2015) indicate ongoing neck, upper back and shoulder pain with numbness and tingling in the bilateral hands and arms. Pain levels were not mentioned, and activity levels and level of functioning were not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The recent physical exams and progress notes were hand written and difficult to decipher; however, neuropathic pain and atrophy of the hand were noted on the PR dated 07-27-2015. Relevant treatments have included cervical fusion surgery (1999), physical therapy (PT), work restrictions, and pain medications (temazepam since at least 02-2015). The treating physician indicates that MRI of the brachial plexus (2000) showed bilateral costoclavicular compression (laxity) of the brachial plexus (right greater than left) with site compression greater at the junction of the draining veins of the head, neck and upper extremities, and bilateral lateral scalene triangle compression (right greater than left). The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 1 year gym membership is not medically necessary.

**Bilateral brachial plexus stellate block: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

**Decision rationale:** The requested Bilateral brachial plexus stellate block, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pages 57 and 104, Sympathetic Ganglion Blocks note that these blocks are useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. There is limited evidence to support this procedure, with most studies reported being case studies. The injured worker has complex regional pain syndrome, and brachial plexopathy. Medical records (02-16-2015) indicate ongoing neck, upper back and shoulder pain with numbness and tingling in the bilateral hands and arms. Pain levels were not mentioned, and activity levels and level of functioning were not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The recent physical exams and progress notes were hand written and difficult to decipher; however, neuropathic pain and atrophy of the hand were noted on the PR dated 07-27-2015. Relevant treatments have included cervical fusion surgery (1999), physical therapy (PT), work restrictions, and pain medications (temazepam since at least 02-2015). The treating physician indicates that MRI of the brachial plexus (2000) showed bilateral costoclavicular compression (laxity) of the brachial plexus (right greater than left) with site compression greater at the junction of the draining veins of the head, neck and upper extremities, and bilateral lateral scalene triangle compression (right greater than left). The treating physician has not documented sufficient physical exam evidence indicative of CRPS, nor detailed documentation of failed conservative treatment trials. The criteria noted above not having been met, Bilateral brachial plexus stellate block is not medically necessary.

**Temazepam 30mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The requested Temazepam 30mg quantity 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has complex regional pain syndrome, and brachial plexopathy. Medical records (02-16-2015) indicate ongoing neck, upper back and shoulder pain with numbness and tingling in the bilateral hands and arms. Pain levels were not mentioned, and activity levels and level of functioning were not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The recent physical exams and progress notes were hand written and difficult to decipher; however, neuropathic pain

and atrophy of the hand were noted on the PR dated 07-27-2015. Relevant treatments have included cervical fusion surgery (1999), physical therapy (PT), work restrictions, and pain medications (temazepam since at least 02-2015). The treating physician indicates that MRI of the brachial plexus (2000) showed bilateral costoclavicular compression (laxity) of the brachial plexus (right greater than left) with site compression greater at the junction of the draining veins of the head, neck and upper extremities, and bilateral lateral scalene triangle compression (right greater than left). The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Temazepam 30mg quantity 30 is not medically necessary.