

Case Number:	CM15-0065192		
Date Assigned:	04/14/2015	Date of Injury:	05/28/2008
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 33-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 28, 2008. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for a brachial plexus injection. Non-MTUS ODG Guidelines on nerve blocks were incorporated into the report rationale, as was a progress note dated January 5, 2015. The applicant's attorney subsequently appealed. On August 12, 2014, the applicant reported ongoing complaints of neck and shoulder pain. It was stated that the applicant might have brachial plexopathy versus cervical radiculopathy. The applicant had had a previous corticosteroid injection of some kind. Positive provocative testing about the shoulder was appreciated. It was stated that the applicant had issues with shoulder pain versus cervical degenerative disk disease versus cervical radiculopathy versus shoulder impingement syndrome versus brachial plexopathy. Physical therapy was endorsed. The applicant's work status was not furnished. In an earlier note dated February 6, 2014, the applicant was given diagnoses of cervical radiculopathy versus shoulder pain secondary to labral pathology and shoulder tendinopathy. On January 12, 2015, the applicant was asked to pursue surgical intervention involving the shoulder, a brachial plexus block, and medication management. Diagnoses given included chronic cervical radiculopathy, ulnar neuropathy, and brachial neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brachial plexus block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter, Nerve blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Chronic Pain, General Principles of Treatment, Injection Therapies, Brachial Plexus/Neuraxial Blocks Infusions.

Decision rationale: The proposed brachial plexus injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines note that there is no recommendation for or against usage of brachial plexus blocks, in this case, however, the attending provider failed to furnish any clear, compelling, or convincing applicant-specific rationale so as to augment the tepid ACOEM position on the article at issue. It was not stated why a brachial plexus injection was being proposed when the applicant already carried a variety of diagnoses involving the neck and right upper extremity, including cervical radiculopathy, shoulder impingement syndrome, and shoulder labral derangement. It was not clear how the diagnosis of brachial plexopathy had been arrived upon. It was not clear why a brachial plexus injection was being proposed when the applicant was already in the process of pursuing surgery for shoulder impingement syndrome/labral derangement. Little-to-no applicant-specific rationale accompanied the request. Therefore, the request is not medically necessary.