

Case Number:	CM15-0076699		
Date Assigned:	04/28/2015	Date of Injury:	02/11/2011
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 43 year old female, who sustained an industrial injury on 02/11/2011. She has reported injury to the neck and right upper extremity. The diagnoses have included cervical spondylosis; pain in joint, shoulder region; brachial plexus lesions; shoulder girdle asymmetry; and chronic pain syndrome. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Ultram and Voltaren. A progress note from the treating physician, dated 03/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and right shoulder pain as well as radiating arm pain, numbness, and tingling; and pain is constant and rated at 10/10 on the visual analog scale. Objective findings have included generalized moderate tenderness over the neck and shoulder girdle; head held in a forward position; right scalene muscle spasms; and altered posture due to right shoulder depression, internal rotation of the right shoulder. The treatment plan has included the request for pain psychology consult and testing; and right scalene block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consult and testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations, Psychological Treatment, Weaning Medications Page(s): 23; pages 100-102, page 124.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed records did not describe negative psychological symptoms, identify a problem with coping skills, or document examination findings that suggested these issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for consultation with a pain psychologist with testing is not medically necessary.

Right scalene block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Graber R, et al. Interscalene nerve block. Medscape, updated 07/09/2013, accessed 05/24/2015. <http://emedicine.medscape.com/article/2000151-overview>.

Decision rationale: A scalene nerve block involves injecting medication near specific nerves in the neck. The MTUS Guidelines are silent on this issue. The literature supports performing this procedure before certain types of shoulder or upper arm surgery or with a broken upper arm bone. Some of these surgeries include rotator cuff repair, acromioplasty, hemiarthroplasty, total shoulder replacement, and others that do not involve the inner side of the arm. This is a procedure that carries a significant risk of potential complications. The submitted and reviewed records indicated the worker was experiencing neck pain that went into the right arm with numbness and tingling. These records suggested this procedure would not be done before a surgery. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a right scalene nerve block is not medically necessary.