

Case Number:	CM15-0076967		
Date Assigned:	04/28/2015	Date of Injury:	01/30/2012
Decision Date:	05/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/22/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 55-year-old female, with a reported date of injury of 01/30/2012. The diagnoses include cervical radiculopathy, cervical spondylosis, brachial plexus lesion, cervical degenerative joint disease, cervical stenosis, and brachial neuritis/radiculitis. Treatments to date have included an MRI of the left brachial plexus, cervical epidural steroid injection, and a cervical epidural steroid injection. The medical report dated 02/11/2012 indicates that the injured worker complained of left arm pain. The physical examination showed guarded movements, limited mobility, stiff movements, moderate tenderness over the neck and shoulder girdle, full, painless range of motion of the neck, decreased strength in the left upper extremity, normal tone in the left upper extremity, spasms of the cervicobrachial left scalene, restricted neck range of motion in all planes, and hyporeflexic reflexes in the upper extremities. The treating physician requested a left scalene block and medical clearance (history and physical, EKG, and labs). It was noted that the injured worker had signs and symptoms consistent with neurovascular compression syndrome arising from the level of the plexus/thoracic outlet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Scalene Block, Medical Clearance (History & Physical, EKG (electrocardiogram), and Labs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, scalene block.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states suprascapular nerve blocks are indicated for the treatment of shoulder pain in degenerative disease and/or arthritis. They are proven to be superior to a series of intra-articular injections. The provided documentation does not show that the patient has the diagnosis that the requested service is indicated for per the ODG. Therefore, the request is not medically necessary.