

Case Number:	CM15-0096339		
Date Assigned:	05/26/2015	Date of Injury:	10/22/2013
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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, California
 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 22 year old male, who sustained an industrial injury on 10/22/13. The injured worker has complaints of neuropathic pain from brachial plexus compression neuropathy. The documentation noted that the neuropathic pain is in the upper chest, neck and shoulders. The injured worker has increased spasms in the neck region and stiffness in the neck/shoulders. The diagnoses have included chronic myofascial pain. Treatment to date has included percocet; oxycodone; lyrica; lorazepam; ibuprofen and flexeril. The request was for brachial plexus injection thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brachial Plexus Injection Thoracic: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Sympathetic Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines sympathetic blocks Page(s): 103. Decision based on Non-MTUS Citation Brachial Plexus Blocks and pg 29.

Decision rationale: According to the guidelines, Brachial Plexus blocks are indicated for shoulder surgeries, CRPS, brachial plexopathy and peripheral neuropathy by a experienced practitioner. Although it is not recommended for thoracic areas, the claimant did have brachial plexus neuropathy and chronic pain. The claimant did not improve with conservative treatment. As a result, the request for brachial plexus injection is appropriate and medically necessary.