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| Case Number: | CM13-0005968 | | |
| Date Assigned: | 03/12/2014 | Date of Injury: | 02/09/2011 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 07/19/2013 |
| Priority: | Standard | Application Received: | 08/01/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 40-year-old female with a date of injury of 02/09/2011. The listed diagnoses are: Causalgia, upper limb, Mononeuritis of upper limb and mononeuritis multiplex, and Injury to peripheral nerves of shoulder girdle and upper limb, ulnar nerve. According to report dated 06/27/2013, the patient presents with ongoing severe pain in the right upper extremities, worst around the right elbow and forearm. It has worsened with increasing stiffness of the elbow and small joints of the right hand. There is increased tremor and spasm with positive hypersensitivity. The patient has also noted ongoing numbness in the right thigh for the past week. Treater states the patient has severe case of CRPS involving the right elbow with cubital tunnel or ulnar nerve surgery on 07/06/2011. She continues with severe pain of the right inner elbow and forearm with "sparks of fire" going up to mid arm. The electrical sensations mainly Final Determination Letter for [REDACTED] go down the forearm to the L4-L5 and first fingers. She has weakness in the right upper extremity and tends to be protective of the area. There is severe hypersensitivity and she has difficulty using her right upper extremity. Patient has trialed a spinal cord stimulator without great relief. Recommendation is for 2 thoracic sympathetic blocks and RF neurotomy of the right T2 and T3 sympathetic ganglion. Utilization review is dated 07/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 THORACIC SYMPATHETIC BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103, 104.

Decision rationale: This patient presents with ongoing severe pain in the right upper extremities. The treater is requesting 2 thoracic sympathetic blocks. For Regional sympathetic blocks the MTUS guidelines pgs 103,104 states "Recommendations are generally limited to diagnosis and therapy for CRPS." For Thoracic Blocks: "Not recommended due to a lack of literature to support effectiveness. Utilized for sympathetic blocks of the upper extremity in the 20% of individuals with innervation of the upper extremity by Kuntz's nerves (nerves from the 2nd and 3rd thoracic sympathetic ganglia bypass the stellate ganglion and directly join the brachial plexus)." Recommendation is for denial as thoracic sympathetics are not recommended per MTUS.

R/F NEUROTOMY OF THE RIGHT T2 AND T3 SYMPATHETIC GANGLION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Other Medical Treatment Guideline or Medical Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Pulsed Radiofrequency.

Decision rationale: This patient presents with ongoing severe pain in the right upper extremity. The treater is requesting a RF neurotomy of the right T2 and T3 sympathetic ganglion. Radiofrequency ablations of sympathetic ganglion are not discussed in the ACOEM, MTUS or ODG guidelines. The AETNA guidelines considers RF ablation of sympathetic ganglion experimental and does not recommend it. Recommendation is for denial.