

Case Number:	CM13-0010485		
Date Assigned:	09/20/2013	Date of Injury:	01/30/2012
Decision Date:	01/17/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 is a 33 year old, female with injury from 01/30/2012. The patient states she injured her right arm from carrying mannequins for a store opening, and the next day she had excruciating pain. According to [REDACTED] report dated 07/15/2013, her diagnoses are reflex sympathetic dystrophy of the upper limb, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third Stellate Ganglion Block, right hand and wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

Decision rationale: The employee has been reported to have complex regional pain syndrome (CRPS) in the right arm, with improvement with a stellate ganglion block in July 2012. The MTUS guidelines support the use of stellate blocks for CRPS, but do not discuss a specific frequency. The Official Disability Guidelines (ODG) also recommend these blocks for CRPS and indicate that "in acute exacerbations of patients with documented evidence of

sympathetically mediated pain, 1-3 blocks may be required for treatment." The request before me is for a third stellate ganglion block. There does not appear to be any comments in the MTUS guidelines against performing a third block, and the third block is in accordance with the ODG guideline recommendations.