

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0016927 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 05/21/2011 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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:

The patient is a 55-year-old male who was injured on May 21, 2011 when he stuck his left hand on a door while pulling cable off a reel. The patient continued to experience intermittent sharp pain in his left hand with loss of grip strength. The patient was diagnosed with Chronic Regional Pain Syndrome of the left upper extremity. Review of the records prior to the request show that the patient's pain was 3 or 4 out of 10 at the visits and that there is edema of the left upper extremity on all examinations. Treatment included stellate ganglion blocks in April 2012, June 2012, and September 2012, medications, home exercise program, and physical therapy. The patient received quite a bit of improvement with the first block and a little less with subsequent blocks. Request for authorization for repeat stellate ganglion block was submitted on July 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Stellate Ganglion block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 39,103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,, CRPS, sympathetic blocks, therapeutic

Decision rationale: Stellate ganglion block is a cervicothoracic sympathetic block. There is limited evidence to support this procedure. Indications include diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Sympathetic mediated pain would be present in CRPS, post-herpetic neuralgia, frostbite, and conditions with circulatory insufficiency. Recommendations for therapeutic sympathetic block include evidence that skin temperature after block shows sustained increase without evidence of motor or sensory block. In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. In this case the patient received pain relief from 6/ 10 to 3/ 10. However there is no documentation of objective evidence of functional improvement. Documentation of skin temperature is not present. There is no documentation of participation in a physical therapy/occupational therapy program. The request is not authorized.