

Case Number:	CM13-0027419		
Date Assigned:	06/30/2014	Date of Injury:	01/22/2013
Decision Date:	11/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 Medical 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:

The patient is a 45 year old female with an injury date of 01/22/13. The 06/02/13 progress report by [REDACTED] states that the patient presents with bilateral wrist pain due to carpal tunnel. Pain is described as sharp, burning, electrical and throbbing and radiates to her forearm with numbness and tingling. Pain is rated 9-10/10. Examination shows decreased bilateral upper extremity strength. No other significant deficits are noted. The patient's diagnosis is Reflex sympathetic dystrophy of the upper limb. The utilization review being challenged is dated 09/12/13. The rationale is that the patient has undergone a 3 prior stellate ganglion blocks with three Bier blocks with only mild improvement. Pain level remains 8/10. Only two treatment reports were provided dated 06/25/13 and 06/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Blocks w/ Bier Blocks x3 (to be done one week apart) for CRPS of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks; Bier's Block Page(s): 103; 24.

Decision rationale: The patient presents with bilateral wrist pain due to carpal tunnel rated 9-10/10. The provider requests for Stellate Ganglion Blocks with Bier Blocks x 3 (to be done one week apart) for complex regional pain syndrome (CRPS) of the right upper extremity. MTUS Regional sympathetic blocks page 103 states, "There is limited evidence to support this procedure, with most studies reported being case studies." "Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite." MTUS Bier's block page 24 states, "Recommended as an option with bretylium for severe CRPS." Although there is very limited scientific evidence to support this treatment, it is recommended as an option in certain cases when there are no other alternatives."In this case, the patient has a diagnosis of CRPS; however, only two treatment reports are provided that show no discussion regarding the reason for the request. No Request for Authorization is provided. The reports do not show a history of such injections; however, the Utilization Review of 09/12/13 cites a noted dated 08/15/13 stating the patient has undergone a series of 3 prior Stellate ganglion block with Bier blocks injections with only some mild improvement and pain level remaining at 8/10. The reports do not discuss why the treatment is requested again when the patient had only minimal improvement from prior injections. For repeat injections, documentation of significant pain and functional improvement must be documented. Recommendation is for denial.