MAXIMUS Federal Services

Case Number:	CM13-0027656		
Date Assigned:	01/31/2014	Date of Injury:	02/22/2010
Decision Date:	05/29/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation 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 is a 51 year old female patient with a 2/22/10 date of injury. 8/14/13 progress note states that the patient has ongoing symptoms of hypersenstivity in the left shoulder and upper chest and similar symptoms in the right upper extremity. Request was for authorization of either a stellate ganglion block by anterior approach or T2 sympathetic block by posterior approach. The patient was seen 10/31/13 with complaints of hypersensitivity of the left shoulder and upper chest along with similar symptoms in the right shoulder and right lateral elbow. There is also episodes of turning hot and alternating with cold. She has increased sweatiness over the right lateral elbow. She reports that her pain has worsened in the recent weeks. The note states that the patient has received authorization for a stellate ganglion block. She is pending scheduling of the stellate ganglion block. 11/26/13 note states that the patient underwent the recommended left stellate ganglion block 11/22/13 and is having postprocedural soreness. She states that since the block she sleeps comfortably through the night which has not been the case for many months. She is pending a right stellate ganglion block. 1/10/14 progress note states that the pateint had a right stellate sympathetic block 12/30/13 and states that the right elbow pain is 30% decreased. The note states that her CRPS needs to been treated aggressively and a request for a second bilateral stellate ganglion block is requested. There is documentation of a previous adverse determination related to lack of guidelines support for thoracic sympathetic blocks. The review also stated that the records do not confirm a diagnosis that would support a sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

T2 SYMPATHETIC NERVE BLOCK BY POSTERIOR APPROACH 99213, 99081: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Thoracic Sympathetic Blocks Page(s): 104.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Thoracic Sympathetic Blocks are not recommended due to a lack of literature to support effectiveness. They are 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). There was no rationale provided for proceeding with an intervention that is not guidelines supported as opposed to a guideline supported procedure (stellate ganglion block). The request is not medically necessary.