

Case Number:	CM13-0029801		
Date Assigned:	11/01/2013	Date of Injury:	05/25/2012
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with a date of injury of May 25, 2012. A utilization review determination dated September 16, 2013 recommends modification of the requested "3 left stellate ganglion injection," to certify, "One left stellate ganglion injection." A progress report dated September 17, 2013 identifies subjective complaints stating, "she has not responded to a course of physical therapy and conservative treatment, however, she has been undergoing Stellate ganglion injections and is scheduled to undergo a 3rd and last procedure tomorrow. She states that the procedures have helped her only mildly and that she remains symptomatic with the residual pain, in particularly burning pain, which radiates proximally, however, pins and needles sensations now reported as well as pressure associated dysesthesia. Currently, she is not undergoing any type of course of physical therapy, however, she has remained on a regimen of which include the use of Neurontin and use of tramadol which does not cause any side effects and she reports no changes in her overall health or condition and continue to see her own doctor on a regular basis." Physical examination identifies, "there is combination of dysesthesia and allodynia over the entire forearm and hand on the left side with evidence of some mottling; however, no significant hyperhidrosis is noted. She is unable to make a full fist and her digits are in a flexed position with evidence of surgical interventions over the 2nd and 3rd left A1 pulleys." Impression states status post left hand and wrist surgeries, and complex regional pain syndrome type I left upper extremity. Recommendation states, "She reports some improvement with the 2 stellate ganglion injections that have been done early this month. However, she is scheduled for the 3rd and last procedure tomorrow. Depending on the outcome of her response, she may choose to consider neurostimulation this modality may help with her neuropathic pain. Her other associated complaints a

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three (3) left stellate ganglion injections: 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 Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

Decision rationale: Regarding the request for "3 left stellate ganglion injections," Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is no indication that the Budapest criteria have been evaluated for and fulfilled, and there is no documentation that an appropriate diagnostic block with subsequent skin measurement, and motor and sensory testing, has been performed. In the absence of such documentation, the currently requested "3 left stellate ganglion injections" are not medically necessary.