

Case Number:	CM13-0030879		
Date Assigned:	11/27/2013	Date of Injury:	02/01/2011
Decision Date:	01/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

The claimant is a 65 year old right handed woman referred by [REDACTED] because of his suspicion that she has thoracic outlet syndrome. Her injury evolved from many hours a week at the computer while working for a [REDACTED] as Program coordinator. Her symptoms were progressive over time resulting in declaring an injury on 2/1/11. She was working on the computer 95% of the time. She began years earlier to experience hand symptoms consistent with carpal tunnel along with pain suggesting tendonitis, overuse problems. Her symptoms included bilateral upper extremity pain and numbness that was thought to be due to multi-level degenerative disc disease with foraminal encroachment. In March of 2012 she had neck surgery which she thinks resulted in a five level laminectomy and fusion for stenosis. She thinks she had spinal cord as well as carpal tunnel symptoms. The surgery did help but had residual weakness in the C5 territory on the right primarily. Since the surgery she has not been able to return to work. She was in physical training doing exercises showing objective gains. The therapy was stopped by workers compensation review. [REDACTED] found that she needed multiple blocks and she was therefore referred to [REDACTED]. He was able to produce some gains with blocks but also found she had TOS. He wants her to be considered for physical therapy for this disorder and also to determine if she would benefit from the orthotic scapulothoracic vest. She has encountered problems with the physical therapy program as she developed low back pain found to be related to a herniated lumbar disc. The mechanism of injury is unstated. The current diagnoses are S/P posterior decompression, fusion and instrumented fusion C3-7, radiculitis and myelopathy, bilateral upper extremity weakness, right greater than left and chronic eczema. The treatment to date has consisted of medication and physical therapy # 78 visits. On 10/16/12 [REDACTED] reports some benefit from TNS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral stellate ganglion blocks every six (6) weeks (qty: 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Relapsing Pain Syndrome (CRPS), Sympathetic and Epidural Blocks Section Page(s): 39-40.

Decision rationale: The California MTUS (Effective July 18, 2009) page 39 to 40 of 127, section on chronic relapsing pain syndrome (CRPS), sympathetic and epidural blocks: They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for chronic relapsing pain syndrome (CRPS). Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade. (Varrassi, 2006) (Cepeda, 2005) (Hartrick, 2004) (Grabow, 2005) (Cepeda, 2002) (Forouzanfar, 2002) (Sharma, 2006). Therefore the request for Bilateral Stellate Ganglion Blocks every six (6) weeks Qty: 6 are not medically necessary.

Daily water and pool exercises (in months) (qty: 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22.

Decision rationale: The California MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines on page 22 of 127 states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. According the medical records provided for review, this patient has a BMI of 30.89, which is not in the extreme obesity range (40 and above), aquatic therapy is not medically necessary.