

Case Number:	CM13-0033294		
Date Assigned:	12/06/2013	Date of Injury:	06/25/2012
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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, and is licensed to practice in Illinois. 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 30-year-old male who reported a work-related injury on 6/25/12; the specific mechanism of injury was not stated. The patient is status post open reduction and internal fixation of a right third metacarpal fracture as of 7/24/12 with subsequent hardware removal and manipulation under anesthesia. The patient's treatment to date has included medications, physical therapy, and a previous stellate ganglion block. The patient presents for treatment of complex regional pain syndrome type I of the right upper extremity, status post right hand fracture ORIF with manipulation and hardware removal. The clinical note dated 5/8/13 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient utilizes Advil for pain. Upon physical exam, the provider documents obvious atrophic changes of the right hand with mottling and diffuse swelling of the hand including a sausage-like appearance of the fingers. There was very shiny appearance of the skin and loss of skin turgor. The patient's grip strength was very weak and the patient reported pain with minimal stimulation. The provider requested proceeding with a right stellate ganglion block under fluoroscopy as soon as possible. The procedure report dated 7/11/13 reports the patient underwent a right stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 108.

Decision rationale: The California MTUS indicates that stellate ganglion blocks are generally limited to therapy for complex regional pain syndrome. The clinical notes lacked documentation of the patient's reports of efficacy with the initial stellate ganglion block performed on 7/11/13. There was lack of documentation of the physical exam of the patient's right upper extremity post injection to indicate decrease in symptomatology and increase in objective function about the right hand. Given all of the above, the request is not medically necessary or appropriate.