

Case Number:	CM13-0035036		
Date Assigned:	12/11/2013	Date of Injury:	04/01/1997
Decision Date:	03/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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 & 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 least at 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 patient is a 57-year-old female with date of injury of 04/01/1997. Listed diagnoses for 05/20/2013 report by [REDACTED] are: 1. Complex regional pain syndrome (CRPS) right and left upper extremity. 2. Occipital neuralgia. 3. Status post cervical fusion and laminectomy. 4. Myalgia and myositis. 5. Status post spinal cord stimulator implant. 6. Left knee and left shoulder pain. 7. Status post right knee surgery. The patient is presenting with symptoms of low back pain with radiation in the bilateral lower extremities, neck pain radiating the left upper extremity to the level of hand and fingers, neck pain associated with weakness, numbness, and tingling of the upper extremity, "the patient also complains of upper extremity pain". Extremity pain associated with allodynia and temperature changes are also noted. Objective findings show the patient in moderate distress, range of motion of cervical spine showing moderate reduction secondary to pain, spinal vertebral tenderness noted at cervical spine at C4 to C7 levels, and cervical myofascial tenderness on palpation. The report from 07/29/2013 was also reviewed. This is report has identical objective findings, diagnosis, and left stellate ganglion block is also requested. The 08/26/2013 report by [REDACTED] has similar subjective and objective findings and diagnoses. Treatments rendered were B12 injections and Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Stellate Ganglion Block at Occipital/Bilateral C2 level: 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 CPRS, diagnostic criteria Page(s): 36 & 37.

Decision rationale: The patient presents with chronic neck and upper extremity pains with purported diagnosis of CRPS of both right and left upper extremities as well as low back and lower extremity pains. The current request is for "stellate ganglion block at occipital/bilateral C2 level for relief for headache related to cervical spine injury". This request was denied by Utilization Review letter, 10/02/2013. Unfortunately, the reviewing physician's denial discussion was not included for this review. The request for authorization letter can be found dated 12/19/2013, but this request is for right stellate ganglion block. This letter discusses that the patient already had left stellate ganglion block and now was experiencing increased pain down the right upper extremity. MTUS Guidelines page 39 and 40 do recommend and support sympathetic blocks for CRPS for a limited role primarily for diagnosis of sympathetic immediate pain and as an adjunct to facilitate physical therapy. However, review of this patient's reports from 05/20/2013 to 10/07/2013 does not show evidence of CRPS or sympathetically-mediated pain in the upper extremities. What this patient experiences appear to be radicular pain in nature and not chronic regional pain syndrome or RSD. For example, none of the physical examinations document any changes in skin and blood flow, sudomotor activity, hyperesthesia or hyperalgesia, skin discoloration, swelling or edema. MTUS, page 36, has specific discussion regarding CRPS. It requires presence of initiating noxious event or immobilization leading to the syndrome; continuing pain allodynia or hyperalgesia; evidence at some time of edema, change in skin blood flow or abnormal sudomotor activity in the pain region; and the diagnosis is excluded by the existence of condition that would otherwise, account for the degree of pain or dysfunction. In this case, there is lack of hyperalgesia, no evidence of edema, change in skin, blood flow, sudomotor activity, and the patient does have diagnosis of radicular pain with radiating pain that starts from the neck. Therefore, there is no reason to perform sympathetic blocks on this patient. Recommendation is for denial.