

Case Number:	CM13-0035522		
Date Assigned:	12/13/2013	Date of Injury:	09/20/2001
Decision Date:	02/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/17/2013

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 Neurology and is licensed to practice in Massachusetts, Ohio and Texas. 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 45-year-old female who reported an injury on 09/20/2001. The mechanism of injury was not provided. The patient was noted to undergo a hemocyte autograft of platelet rich plasma on 06/12/2013. The patient was noted to have constant neck pain, worse on the left, and objective findings of puffy, mottled and red left greater than right arms. The diagnosis was noted to include plexopathy, complex regional pain syndrome (CRPS) and post thoracic outlet syndrome (TOS) surgery. The request was made for a pulsed radiofrequency stellate block and a brachial plexus block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pulsed radiofrequency stellate block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS , Stellate Ganglion Block Page(s): 35 and 103.

Decision rationale: The California MTUS Guidelines recommend stellate blocks for the treatment of CRPS. The CRPS diagnostic criteria include (1) the presence of an initiating

noxious event or cause of immobilization that leads to the development of the syndrome; (2) continuing pain, allodynia or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli; (3) evidence at some time of edema, changes in skin blood flow or abnormal sudomotor activity in the pain region and (4) the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2 through 4 must be satisfied to make the diagnosis. The clinical documentation submitted for review indicated that the patient had puffy, mottled and red, left greater than right, arms. There was a lack of documentation of criterion #2, which includes continued pain, allodynia or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli. This indicates the patient failed to meet the diagnostic criteria for CRPS. Given the above, the request for one pulsed radiofrequency stellate block is not medically necessary.

One pulsed radiofrequency brachial plexus block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Regional anesthesia (for shoulder surgeries).

Decision rationale: The Official Disability Guidelines recommend brachial plexus nerve blocks for orthopedic surgery. There is a lack of documentation indicating the necessity for the requested procedure. Given the above, the request for one pulsed radiofrequency brachial plexus block is not medically necessary.