

Case Number:	CM13-0035545		
Date Assigned:	12/13/2013	Date of Injury:	03/30/2011
Decision Date:	02/14/2014	UR Denial Date:	10/04/2013
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 Orthopedic Surgeon and is licensed to practice in Georgia 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 63-year-old male who reported an injury on 03/30/2011. The mechanism of injury was a fall and resulted in a rupture of the right distal biceps tendon. He had surgical repair of the rupture on 04/24/2012. The patient experienced postoperative difficulties, including radiation of pain to the right arm up through his neck. Since the patient's surgery, he received an unspecified injection to the neck area; results of this injection were not discussed. However, there was a request for a follow-up injection. The patient continued to decrease using his right arm and continues to use a soft elastic brace and sling, despite being over a year postoperative. More recently the patient had complaints of decreased temperature in the right arm, and is noted to keep it inside his shirt to provide warmth; he was also noted to have decreased motor strength 3/5 on the right side, and it was suspected that he may have complex regional pain syndrome (CRPS). He received a bone scan in 2013 that was normal; it is noted on the clinical note dated 10/22/2013 that the physicians were no longer going to pursue a diagnosis of CRPS. The patient is currently controlling his pain with both oral and topical analgesics, and was prescribed a course of myofascial release therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

stellate ganglion block for the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend stellate ganglion blocks for patients who have a diagnosis of CRPS. As the patient's bone scan was negative, and the physician stated that he will not pursue a CRPS diagnosis on the 10/22/2013 clinical note; there is no indication that a stellate ganglion block is appropriate at this time. As such, the requested stellate ganglion block for the right upper extremity is not medically necessary or appropriate.