MAXIMUS Federal Services

Case Number:	CM13-0039046		
Date Assigned:	12/18/2013	Date of Injury:	05/04/2010
Decision Date:	02/10/2014	UR Denial Date:	09/27/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 37 year old female presenting with pain in the neck, left upper extremity, lower back, left hip, buttock, and leg following a work related injury on 5/04/10. The pain is associated with weakness, parathesia, tremors, depression, anxiety, memory loss and cold intolerance. The physical exam was significant for tenderness to palpation over the C4-5, pain across cervical spine on extension along facet joints, lumbar spine tenderness to palpation over the L4-5, pain across the lumbar spine on extension along facet joints, tenderness along the left sacroiliac joint region, bilateral lumbar spasm, left biceps strength 4/5, and left extensor halluces longus 4/5, pain to pinprick along the left upper extremity, pain to light touch along the left upper extremity. The claimant tried physical therapy, heating pad, and TENS unit which exacerbated her pain. The medical records noted that the claimant had a left stellate ganglion block which provided significant relief that was of short duration. The claimant was diagnosed with reflex sympathetic dystrophy, myofascial pain syndrome, degenerated disc disease, lumbar, facet arthropathy, lumbar, lumbar radiculopathy, cervical facet arthropathy, cervical degenerated disc disease, and cervical radiculopathy

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: A Stellate ganglion block injection is not medically necessary. Page 103 of the Chronic Pain Medical Treatment Guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and postherpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee's chronic pain condition is not indicative of any of the listed diagnoses for stellate ganglion block. The claimant was diagnosed with complex regional pain syndrome however there were no diagnostics or physical exam findings corroborating a sympathetically mediated pain; for example a positive triple bone scan in combination with characteristic, non-dermatomal parathesia, edema, discoloration, temperature change or any other findings associated with complex regional pain syndrome. Given the lack of clinical findings to correctly diagnose the claimant with complex regional pain syndrome or any of the other qualifying diagnoses per California Medical Utilization Schedule (MTUS) guidelines, a stellate ganglion block is not medically necessary.

Spinal cord stimulation trial with three leads: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Spinal cord stimulation trial with three leads is not medically necessary. California Medical Utilization Schedule (MTUS) states that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Indications for spinal cord stimulation are as follows: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate Post herpetic neuralgia, 90% success rate Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina." As it relates to this case, spinal cord stimulation trial is not medically necessary because the claimant's condition does not meet California Medical Utilization Schedule (MTUS) guidelines. There is no documentation including diagnostic imaging to corroborate that the claimant has complex regional pain syndrome.

Follow-up visits following stellate ganglion block and stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guideline page 127 states "the occupational health practitioner may refer to other specialists for diagnosis is uncertain extremity complex, when psychosocial fax are present, or when the plan of course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment, or work capacity requires clarification. A referral may be for: (1) Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. (2) Independent medical examination: To provide medico legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality." Per American College of Occupational and Environmental Medicine (ACOEM) guideline page 127, a follow up visit following stellate ganglion block and stimulation trial is not medically necessary. The requested procedures for the follow up visits are not medically necessary and therefore a follow-up visit to assess patient response to the procedure is not medically necessary.