

Case Number:	CM13-0039560		
Date Assigned:	12/20/2013	Date of Injury:	12/01/2003
Decision Date:	02/25/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/07/2013

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 and Pain Medicine, and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 12/1/03 due to cumulative trauma which caused injury to the bilateral upper extremities. The patient underwent several surgical procedures for the bilateral upper extremities which ultimately resulted in development of complex regional pain syndrome. The patient's treatment history included six prior stellate ganglion blocks on the right and five on the left. It was noted that each of these blocks provided significant pain relief for approximately three months. The patient's most recent clinical exam findings included physical signs of complex regional pain syndrome of the bilateral upper extremities to include hyperhidrosis, piloerection of the bilateral forearms, bilateral hand nail brittleness, splitting and swelling of the bilateral hands, positive bilateral finger tremors, and abnormal hair growth patterns. The patient's diagnoses included complex regional pain syndrome type I. The patient's treatment plan included an additional stellate ganglion block and further evaluation for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for repeat left and right stellate ganglion blocks (SGB) for the bilateral wrists:
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 Page(s): 103.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the adequacy of a sympathetic block be recorded. The clinical documentation submitted for review provides evidence that the patient had significant pain relief as the result of prior stellate ganglion blocks. However, there is no documentation of a quantitative pain assessment or documentation of significant functional benefit. The clinical documentation does not include any evidence that the patient is participating in an active therapy program that would benefit from additional stellate ganglion blocks. As such, the requested repeat left and right stellate ganglion blocks (SGB) for the bilateral wrists are not medically necessary or appropriate.