

Case Number:	CM13-0040770		
Date Assigned:	12/20/2013	Date of Injury:	05/01/1985
Decision Date:	12/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 expert 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 69 years old female who was injured on 05/01/1985. The mechanism of injury is unknown. She has been treated conservatively with physical therapy and home exercise program. Her past medication history included Fentanyl 75 mcg, Fentanyl 50 mcg, Ambien 10 mg, Percocet 10/325 mg, and Prozac 20 mg. The patient underwent left stellate ganglion block on 07/17/2013; right stellate ganglion block on 02/19/2013. Progress report dated 09/27/2013 states the patient complained of chronic migraines, RSD in all four limbs and FBSS. She describes her pain as stabbing, numbness, cramping, weakness, and spasm. She rates her pain a 3/10 on a good day and 10/10 at its worst. Objective findings on exam revealed normal gait and no evidence of sensory loss. She has a diagnosis of lumbar spine stenosis, failed back surgery syndrome, reflex sympathetic upper limb dystrophy, reflex sympathetic lower limb dystrophy, and lumbar radiculopathy. She was instructed to continue physical therapy, continue medications, and recommended for bilateral SGB (stellate ganglion block). Prior utilization review dated 10/08/2013 states the request for lumbar left stellate ganglion block under fluoroscopic guidance is modified to left cervical stellate ganglion block under fluoroscopic guidance and anesthesia and lumbar right stellate ganglion block under fluoroscopic guidance and anesthesia has modified to right cervical stellate ganglion block under fluoroscopic guidance and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Left Stellate Ganglion Block under Fluoroscopic Guidance and Anesthesia:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, CRPS, sympathetic and epidural blocks. Regional sympa. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, sympathetic blocks (therapeutic)

Decision rationale: The CA MTUS guidelines state "Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS." The ODG guidelines state "Local anesthetic sympathetic blocks: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration... In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment." The progress note from 9/27/13 states that the patient had "70-80% pain relief for 2 months following previous SGB," therefore there is indication for consideration of repeat procedure. An error was made on the wording of the order, stating a request for "lumbar" stellate ganglion blocks, which can reasonably be interpreted as an order for simply stellate ganglion blocks. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Lumbar Right Stellate Ganglion Block under Fluoroscopic Guidance and Anesthesia:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks. Regional sympathetic blocks (stellate ganglion block, tho. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, sympathetic blocks (therapeutic)

Decision rationale: The CA MTUS guidelines state "Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS." The ODG guidelines state "Local anesthetic sympathetic blocks: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration... In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment." The progress note from 9/27/13 states that the patient had "70-80% pain relief for 2 months following previous SGB," therefore there is indication for consideration of repeat procedure. An error was made on the wording of the order, stating a request for "lumbar" stellate ganglion blocks, which can reasonably be interpreted as an order for simply stellate ganglion blocks. Therefore, based on

the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.