MAXIMUS Federal Services

Case Number:	CM13-0040966		
Date Assigned:	12/20/2013	Date of Injury:	10/06/2010
Decision Date:	06/19/2014	UR Denial Date:	09/25/2013
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 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 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 injured worker is a 39-year-old female who reported an injury on 10/6/10. The mechanism of injury involved repetitive work activity. The current diagnosis is complex regional pain syndrome type I. The injured worker was evaluated on 8/21/13. Previous conservative treatment includes medication management, acupuncture, multiple stellate ganglion blocks, a cervical injection, and a radial nerve decompression on 10/7/11. The injured worker reported constant pain in the entire left upper extremity. Physical examination revealed diffuse allodynia of the left upper extremity, intact sensation, and 5/5 motor strength in the right upper extremity. Treatment recommendations at that time included a stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT STELLATE GANGLION TO LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, STELLATE GANGLION BLOCK (SGB), 103

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 103-104.

Decision rationale: The California MTUS Guidelines state there is limited evidence to support a lumbar sympathetic block. Proposed indications include circulatory insufficiency of the lower extremity, rest pain, ischemic ulcers, diabetic gangrene, postherpetic neuralgia, herpes zoster, frostbite, complex regional pain syndrome, and phantom pain. A sympathetic block should be accompanied by aggressive physical therapy to optimize success. As per the documentation submitted, the injured worker does not maintain any of the above mentioned diagnoses. The injured worker has previously undergone several stellate ganglion blocks in the past without any evidence of objective functional improvement. As the California MTUS Guidelines do not recommend lumbar sympathetic blocks, the current request cannot be determined as medically appropriate.