

Case Number:	CM13-0041435		
Date Assigned:	12/20/2013	Date of Injury:	08/01/2011
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine 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 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 52-year-old female who reported an injury on 08/01/20211 due to repetitive trauma. The patient ultimately underwent cubital tunnel release and subsequently developed complex regional pain syndrome to the right upper extremity. The patient's most recent clinical examination findings document the patient has discoloration of the entire right upper extremity in conjunction with pain and diminished sensation. It was noted the patient had developed a tremor of the right hand with severe weakness and decreased grip. The patient previously had a diagnostic sympathetic block which the patient did have a positive response to. Diagnostic block provided a confirmation of the patient's diagnosis of complex regional pain syndrome in the right upper extremity. The patient's treatment plan included series of stellate ganglion blocks, series of interscalene blocks, and series of sympathetic blocks in conjunction with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Stellate ganglion blocks between 9/11/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines sympathetic and epidural blocks Page(s): 103.

Decision rationale: The requested 3 stellate ganglion blocks between 09/11/2013 and 11/03/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent a diagnostic block that confirmed the patient's diagnosis of complex regional pain syndrome. California Medical Treatment Utilization Schedule states, "Repeated blocks are only recommended if continued improvement is observed." Although the patient has had a diagnostic block that did provide improvement in function, the requested 3 stellate ganglion blocks would not be supported as additional blocks should be based on documented functional improvement of the previous block. As such, the requested 3 stellate ganglion blocks between 09/11/2013 and 11/03/2013 are not medically necessary or appropriate.

6 interscalene blocks between 9/11/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Thoracic Sympathetic Blocks Page(s): 104.

Decision rationale: The requested 6 interscalene blocks between 09/11/2013 and 11/03/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had a positive response to a diagnostic block to confirm complex regional pain syndrome. However, California Medical Treatment Utilization Schedule does not recommend the use of these types of sympathetic blocks due to lack of scientific evidence to support efficacy. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested 6 interscalene blocks between 09/11/2013 and 11/03/2013 are not medically necessary or appropriate.

6 sympathetic blocks between 9/11/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Blocks Page(s): 104.

Decision rationale: The requested 6 sympathetic blocks between 09/11/2013 and 11/03/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient had a positive response to a diagnostic block confirming the diagnosis of complex regional pain syndrome. California Medical Treatment Utilization Schedule does recommend sympathetic blocks in combination with aggressive physical therapy. However, additional sympathetic blocks should be based on documented functional improvement as result of each block. As there is no way to determine the efficacy of multiple blocks, the request as it is written is not indicated. As such, the requested 6 sympathetic blocks between 09/11/2013 and 11/03/2013 is not medically necessary or appropriate.

36 physical therapy sessions between 9/11/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested 36 therapy sessions between 09/11/2013 and 11/03/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent physical therapy. It is also noted that physical therapy did not provide a significant amount of relief. California Medical Treatment Utilization Schedule does recommend continued therapy be based on documentation of functional benefit. Additionally, California Medical Treatment Utilization Schedule recommends 24 visits of physical therapy for complex regional pain syndrome. The request as it is written is in excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 36 physical therapy visits between 09/11/2013 and 11/03/2013 are not medically necessary or appropriate.