MAXIMUS Federal Services

Case Number:	CM13-0045364		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2013
Decision Date:	03/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 49-year-old male who reported an injury on 01/23/2013. The mechanism of injury occurred when the patient's left index finger and middle finger got caught under a machine and sustained lacerations, near amputation of the middle finger. The patient's diagnoses include status post left index finger trauma, near amputation of left index finger, radial neurovascular bundle laceration, and reflex sympathetic dystrophy of the left upper extremity. Prior treatments would include hand therapy, and medication management. The patient underwent a repair of his near amputation left index finger with open reduction and internal fixation of fracture, and repair of extensor tendon, and radiolysis of radial digital nerve on 01/23/2013. X-ray of the left hand with 3 views dated 11/26/2013 revealed possible posttraumatic and postsurgical changes of the index finger. No acute changes were noted. The progress report dated 09/13/2013 reports the patient was status post stellate ganglion block. The patient reported that his pain was better by 20% to 30% since previous visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion block under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 108.

Decision rationale: The MTUS Chronic Pain Guidelines state that stellate ganglion blocks are generally limited to diagnoses and therapy for CRPS. It is stated that there is limited evidence to support this procedure, with most studies reported as being case studies. The clinical information submitted in the medical records did not include identification of physical findings of vasomotor and/or sudomotor signs such as allodynia and/or trophic findings. There is also no documentation in the medical records suggesting that the patient is or will be participating in any type of physical therapy or programs of functional restoration. An operative report dated 09/03/2013 indicated that the patient has received a prior stellate ganglion block on the right. However, there is no indication that the patient had an injury in the right upper extremity. Per the MTUS Chronic Pain Guidelines, it is stated that in the initial diagnostic phase, if there is less than a 50% improvement noted, then no further blocks are recommended. It was noted in the progress note dated 09/13/2013 that the patient expressed 20% to 30% of relief. Therefore, the criteria for an additional stellate ganglion block have not been met, per MTUS Chronic Pain Guidelines. As such, the request for left stellate ganglion block under fluoroscopic guidance is not medically necessary and appropriate.