

Case Number:	CM13-0050654		
Date Assigned:	03/03/2014	Date of Injury:	09/18/2006
Decision Date:	05/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, 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 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 63-year-old female who reported an injury on 09/18/2006 after a fall caused by a running child. The injured worker reportedly sustained an injury to her lower extremity, low back, nervous system, circulatory system, head, right foot, and suffered emotional distress. The injured worker's treatment history included epidural steroid injections, conservative care, lumbar sympathetic blocks, medications, surgical intervention, psychological support, and a spinal cord stimulator implantation. The injured worker was evaluated on 09/30/2013. Physical findings included hypersensitivity to the right upper extremity to light touch with decreased motor strength of the right upper extremity. The injured worker's diagnoses included pain in joint, ankle; pain in joint, lower leg; pain in joint, pelvic region; pain in joint, hand; pain in joint, forearm; pain in joint, upper arm; pain in joint, shoulder region; reflex sympathetic dystrophy of the lower limb; and reflex sympathetic dystrophy of the upper extremity. A request was made for a stellate ganglion block, lumbar sympathetic block, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT UPPER EXTREMITY STELLATE GANGLION BLOCK,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines REGIONAL SYMPATHETIC BLOCKS (STELLATE GANGLION BLOCK, THORACIC SYMPATHETIC BLOCK, & LUMBAR SYMPA. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT, REGIONAL SYMPATHETIC BLOCKS (STELLATE GANGLION BLOCK, THORACIC SYMPATHETIC BLOCK, & LUMBAR SYMPATHETIC BLOCK), , 103

Decision rationale: The Expert Reviewer's decision rationale: The requested right upper extremity stellate ganglion block is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the injured worker has previously received stellate ganglion blocks. The clinical documentation does provide evidence that the injured worker has a diagnosis of complex regional pain syndrome with hypersensitivity in the right upper extremity and significantly decreased motor strength. However, the California Medical Treatment and Utilization Schedule recommend stellate ganglion blocks in combination with an aggressive physical rehabilitation program. The clinical documentation submitted for review does not support that this treatment modality will be provided in conjunction with an aggressive physical therapy course of treatment. Additionally, although the patient does have decreased motor strength and hypersensitivity of the right upper extremity, no other significant clinical findings to support the diagnosis of complex regional pain syndrome are provided. Therefore, the appropriateness of a right upper extremity stellate ganglion block cannot be determined. As such, the requested right upper extremity stellate ganglion block is not medically necessary or appropriate.

RIGHT LUMBAR SYMPATHETIC BLOCKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LUMBAR SYMPATHETIC BLOCK Page(s): 57.

Decision rationale: The Expert Reviewer's decision rationale: The requested right lumbar sympathetic blocks are not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends repeat sympathetic blocks are based on documentation of functional improvement and significant relief of symptoms. The clinical documentation submitted for review does indicate that the injured worker has a treatment history of lumbar sympathetic blocks that did not provide significant relief. The treating physician did not provide a justification for an additional lumbar sympathetic block in this clinical situation. As such, the requested right lumbar sympathetic blocks are not medically necessary or appropriate.

NORCO 10-325MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The Expert Reviewer's decision rationale: The requested Norco 10-325MG #150 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain with associated pain relief due to medication usage. Additionally, there is no documentation of the injured worker's functional benefit related to the use of this med. There is no evidence that the injured worker is monitored for aberrant behavior. As such, the requested Norco 10-325MG #150 is not medically necessary or appropriate.