

Case Number:	CM13-0051708		
Date Assigned:	12/27/2013	Date of Injury:	10/30/2012
Decision Date:	04/30/2014	UR Denial Date:	10/21/2013
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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 57-year-old female with a 10/30/12 date of injury. At the time (10/8/13) of the request for authorization for right stellate ganglion block under fluoroscopic guidance, with IV sedation, there is documentation of subjective (pain in her right hand and forearm, pain is made worse by using her hand, wrist, and arm, but she states that the burning sensation is constant) and objective (tactile allodynia especially over the dorsum of the right wrist extending to the distal aspect of the forearm on the volar side, there was also tactile allodynia in a glove fashion throughout the mid arm all the way down to the hand, which was less intense than the dorsum of the wrist) findings, current diagnoses (complex regional pain syndrome of the right upper extremity), and treatment to date (medication). There is no documentation that the block will be used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT STELLATE GANGLION BLOCK UNDER FLUOROSCOPIC GUIDANCE , WITH IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, SYMPATHETIC AND EPIDURAL BLOCKS Page(s): 39-40.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of stellate ganglion blocks. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome of the right upper extremity. In addition, there is documentation of sympathetically mediated pain. However, there is no documentation that the block will be used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for right stellate ganglion block under fluoroscopic guidance, with IV sedation is not medically necessary.