

Case Number:	CM13-0055088		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2010
Decision Date:	03/24/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 06/19/2010. The mechanism of injury is not specifically stated. The patient is diagnosed as status post right carpal tunnel release and right upper extremity complex regional pain syndrome. The patient was seen by [REDACTED] on 10/22/2013. Physical examination revealed a well-healed surgical scar over the right wrist, mild allodynia over the right wrist and 2nd and 5th digits, mild hyperhidrosis in the 1st through 4th digits of the right hand, decreased right wrist range of motion, diminished strength, and 2+ reflexes bilaterally. Treatment recommendations included an additional right stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional right Stellate Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CRPS, sympathetic blocks (therapeutic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104 and 108.

Decision rationale: California MTUS Guidelines state stellate ganglion blocks are recommended and are generally limited to diagnosis and therapy for CRPS. A cervicothoracic

sympathetic block is indicated for diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. As per the documentation submitted, the patient has previously undergone a stellate ganglion block. However, there is no documentation of a successful outcome to include a decrease in pain level and increase in function. Therefore, an additional stellate ganglion block cannot be determined as medically appropriate at this time. As such, the request is non-certified.