MAXIMUS Federal Services

Case Number:	CM13-0056915		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2013
Decision Date:	03/26/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Georgia. 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 claimant is a 51 year old female presenting with left upper extremity pain following a work related injury on 1/08/2013. The claimant reported worsening persistent left hand pain on 08/14/2013. The physical exam was significant for left fourth digit limited motion, inability to make a complete fist, shiny skin with hypersensitivity, allodynia and swelling. The claimant was diagnosed with left fourth digit crush injury, left shoulder bursitis and complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left cervical stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56.

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

Decision rationale: Diagnostic left cervical stellate ganglion block is not medically necessary. Page 103 of the chronic pain medical treatment guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes

zoster and postherpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee does have physical findings consistent with complex regional pain; however per Ca MTUS IV regional sympathetic blocks are recommended in conjunction with a rehabilitation program. There is no documentation or plan of rehabilitation program; therefore the requested procedure is not medically necessary.

Re-evaluation following procedure.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56.

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

Decision rationale: Re-evaluation following procedure is not medically necessary. Page 103 of the chronic pain medical treatment guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and postherpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee does have physical findings consistent with complex regional pain; however per Ca MTUS IV regional sympathetic blocks are recommended in conjunction with a rehabilitation program. There is no documentation or plan of rehabilitation program; therefore the requested procedure is not medically necessary. In turn, given the lack of medical necessity for the procedure a follow-up re-evaluation also becomes unnecessary.