

Case Number:	CM13-0058935		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2012
Decision Date:	03/26/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 22 year old female presenting with pain in both hands and wrist following a work related injury on 7/18/2012. The claimant's medications include Naproxen, Omeprazole and Tylenol. The physical exam was significant for Tinel's sign to percussion over the right carpal tunnel, healed scar over the left without Tinel, decreased range of motion over the wrist, 4/5 strength in the upper extremities. The claimant was diagnosed with right carpal tunnel syndrome and status post left carpal tunnel release. The medical records reported that the claimant was temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left stellate ganglion block (series of three): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IV regional sympathetic blocks (for RSD/CRPS, Nerve Blocks) Page(s): 103-104.

Decision rationale: The Left Stellate Ganglion blocks are not medically necessary. On page 103 of the Chronic pain treatment guidelines, it 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 patient's chronic pain condition is not indicative of any of the listed diagnoses for stellate ganglion block. The claimant was diagnosed with carpal tunnel syndrome however there were no diagnostics or physical exam findings corroborating a sympathetically mediated pain; for example a positive triple bone scan in combination with characteristic, non-dermatomal parathesia, edema, discoloration, temperature change or any other findings associated with complex regional pain syndrome. Given the lack of clinical findings to correctly diagnose the claimant with complex regional pain syndrome or any of the other qualifying diagnoses per CA MTUS guidelines, a left stellate ganglion block is not medically necessary.