

Case Number:	CM13-0061036		
Date Assigned:	12/30/2013	Date of Injury:	09/02/1999
Decision Date:	04/09/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/04/2013

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 is a 58 year old female who reported an injury on 09/02/1999 due to repetitive trauma while performing normal job duties. The patient's treatment history included bilateral carpal tunnel release, medications, physical therapy, a chronic pain management program, cognitive behavioral therapy, bracing, a spinal cord stimulator, and stellate ganglion blocks. The patient was evaluated on 11/19/2013. At that time, it was noted that the patient had previously received stellate ganglion blocks that did provide a good result. The patient's physical findings included evidence of color changes and mottling of the bilateral feet and shins with guarding behavior of the upper extremities and intermittent piloerection. The patient's diagnosis included complex regional pain syndrome. The request was made for bilateral stellate ganglion blocks x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Stellate Ganglion Block x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block (SGB) Page(s): 103.

Decision rationale: The requested bilateral stellate ganglion block x2 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends this modality is appropriate for patients with complex regional pain syndrome to assist the patient with participation in a physical therapy program. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in any physical therapy program that would benefit from the treatment of a stellate ganglion block. Additionally, the clinical documentation submitted for review does indicate that the patient previously received stellate ganglion blocks. However, specific documentation of improvement in function and a quantitative assessment of pain relief were not provided as a result of the previous stellate ganglion block. Therefore, additional blocks cannot be supported. As such, the requested bilateral stellate ganglion block x2 is not medically necessary or appropriate.