MAXIMUS Federal Services

Case Number:	CM13-0061876		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2010
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 06/18/2010. The mechanism of injury was a through-and-through puncture wound to his left 3rd and 4th fingers while working with a defective nail gun. This injury caused severe nerve damage to the left upper extremity, which is also the patient's dominant hand. The patient's initial course of therapy is unclear; however, he has developed complex regional pain syndrome to the left upper extremity and contractures to multiple fingers of the left hand. He utilizes multiple layers of cushion and covering to the left arm and supports it by use of a sling. The patient has attempted several conservative interventions to help manage his pain, and is currently on a stable medication management regimen. The patient also utilizes trigger point injections with noted benefit, as well as an occipital nerve block. The patient has received multiple stellate ganglion block injections beginning in 2010 that were noted to provide some pain relief, but were not long lasting. It was noted again on 05/06/2013 that the patient did not obtain any long term benefits from previously received sympathetic blocks. In 04/2013, the patient was again noted to have received a stellate ganglion block on an unknown date, after 02/2013 and before 04/2013, with no noted benefit. The patient was then referred for a spinal cord stimulator trial or ketamine infusion; however, the records do not indicate whether or not the patient agreed to proceed with either of these interventions. There was no other pertinent clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Hundred (100) Left Cervical Sympathetic Nerve Block between 11/21/2013 and 01/05/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40.

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend stellate ganglion blocks to the cervicothoracic region, as there is insufficient evidence to support their efficacy. Although it is an appropriate option for patients with complex regional pain syndrome, the patient has a history of previous blocks that did not provide any benefit. In addition, studies indicate that the duration of symptoms of greater than 16 weeks prior to the initial stellate ganglion block decreased its efficacy. As the patient is several years post diagnosis, and has a history of non-effective blocks, a repeat block is unlikely to provide any relief. As such, the request for 100 left cervical sympathetic block between 11/21/2013 and 01/05/2014 is non-certified.