

Case Number:	CM13-0062470		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2003
Decision Date:	09/05/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 expert 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 62-year-old female with a date of injury of 05/12/2003. The listed diagnoses per [REDACTED] are: 1. Symptoms of diffuse muscle tension, myalgia, and hyperactive emotional state. 2. History of fibromyalgia syndrome. 3. History of overuse syndrome, upper extremities, right more than left. 4. Status post arthroscopic debridement and decompression of the right shoulder, April 2005. The earliest progress report provided for review is from 10/23/2013. According to this progress report, the patient presents with pain running up her arms across the top of her shoulders and to the back of her head. She also has pain in her knees and ankles. The pain is burning and shooting with some sharp pain and tenderness. The patient's treatment history includes physical therapy and trigger point injections, acupuncture, and medication. Treating physician states "none of which seemingly has done any good for her." Examination of the neck revealed decreased range of motion on extension with pain. Examination of the upper extremities revealed both arms have limited range of motion. She cannot get her right arm straight. It is at about 130 degrees relative to the humerus. Grip strength is significantly reduced on both sides by 50%. Treating physician states the patient has classical complex regional pain syndrome. He is recommending stellate ganglion block and interscalene block, series of 12 blocks each. Following each block, treating physician is recommending physical therapy 2 times a week for 12 weeks. Treating physician states, "We are going to ask for a large number of blocks which we will only do if necessary. To have a single block authorized and then come back to you is not appropriate thing because the moment the block wears off, even if the patient is significantly better at that time, as soon as a few weeks go by, they get worse again." Utilization review denied the request on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

STELLATE GANGLION BLOCK & INTERSCALENE BLOCK, SERIES OF 12 BLOCKS EACH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STELLATE GANGLION BLOCK Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39, 103.

Decision rationale: This patient presents with pain running up her arms across the top of her shoulders and to the back of her head. She also has pain in her knees and ankles. Regarding stellate ganglion block, MTUS page 103 states that there is limited evidence to support this procedure but is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. There is no discussion regarding how many injections are to be done but does emphasize that it has a limited role, for diagnosis primarily and as an adjunct to facilitate physical therapy (p39, MTUS). The current request for 12 injections is not supported by the guidelines. Therefore, this request is not medically necessary.

PHYSICAL THERAPY AFTER THE BLOCKS EACH TIME ESTIMATED AT TWO TIMES A WEEK FOR TWELVE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with pain running up her arms across the top of her shoulders and to the back of her head. She also has pain in her knees and ankles. MTUS does not discuss physical therapy after injections. For physical medicine, the MTUS page 98, 99 recommends for RSD, 24 sessions of therapy. This patient has had therapy in the past and the treater does not discuss how the patient has responded to it. There is no discussion regarding when the last treatments were and why the treater believes a full course of therapy will make a difference on this patient whose injury dates back 10 years. Therefore, this request is not medically necessary.