

Case Number:	CM13-0065164		
Date Assigned:	01/03/2014	Date of Injury:	02/09/2013
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine, has a subspecialty in Preventive 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 23-year-old female whose date of injury is 02/09/2013. The patient was bit by a dog on the bilateral dorsal and volar hands and subsequently developed swelling/abscess. The patient completed a course of occupational therapy. Prior review states that the patient has been treated with four prior stellate ganglion blocks. Clinical note dated 11/22/13 reportedly stated that the last stellate ganglion block did not provide good relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block x 2 coupled with physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section CRPS treatment , and Section Definition Page(s): 40 & 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumb.

Decision rationale: Based on the clinical information provided, the request for stellate ganglion block x 2 coupled with physical therapy is not recommended as medically necessary. There is no current, detailed physical examination submitted for review to establish the presence of chronic regional pain syndrome/reflex sympathetic dystrophy. The patient has reportedly undergone prior stellate ganglion blocks, and per note dated 11/22/13, the most recent block did

not provide good relief. The CA MTUS guidelines note that the use of stellate ganglion blocks is generally limited to diagnosis and therapy for chronic regional pain syndrome. As such, the request is not certified