

Case Number:	CM13-0069214		
Date Assigned:	01/03/2014	Date of Injury:	02/08/2013
Decision Date:	04/21/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome (CRPS) reportedly associated with an industrial injury of February 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; unspecified amounts of occupational therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 21, 2013, the claims administrator partially certified request for three stellate ganglion blocks to the right wrist as a trial of one (1) stellate ganglion block for the right wrist. The applicant's attorney subsequently appealed. A handwritten clinical progress note of August 29, 2013 is quite difficult to follow, notable for ongoing complaints of constant pain, burning, and tingling about the hand in question. The applicant has allodynia and vasomotor changes about the hand. The applicant is asked to stop Topamax and employ heightened dose of Neurontin for pain relief. Occupational therapy and three stellate ganglion blocks are sought while the applicant remains off of work, on total temporary disability. In an October 11, 2013 progress note, the attending provider goes on to appeal the decision to deny two of the three stellate ganglion blocks. The attending provider states that he would like to pursue three stellate ganglion blocks followed by 16 sessions of physical therapy. The applicant is again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Stellate Ganglion Blocks for the Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks Topic, Regional Sympathetic Blocks Topic Page(s): 8,39,103.

Decision rationale: As noted on page 39 of the MTUS Chronic Pain Medical Treatment Guidelines, sympathetic blocks such as stellate ganglion blocks are indicated for a limited role primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Page 103 of the MTUS Chronic Pain Medical Treatment Guidelines further states that there is "limited evidence" to support stellate ganglion blocks, a form of regional sympathetic block, in the diagnosis and treatment of sympathetic pain. There is no specific support in the MTUS for the series of three stellate ganglion blocks proposed by the attending provider. Rather, the applicant should be evaluated after each injection to determine the efficacy and/or functional improvement effected as a result of the same, as noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which states that demonstration of functional improvement is needed at various milestones in the functional restoration program so as to justify continued treatment. Therefore, the request is not certified, on Independent Medical Review.