

Case Number:	CM13-0071090		
Date Assigned:	01/08/2014	Date of Injury:	03/07/2012
Decision Date:	10/01/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family 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:

Patient is a 39-year-old female who has submitted a claim for cervical disc disease, status post right shoulder arthroscopy, right shoulder rotator cuff syndrome, status post right elbow lateral epicondylectomy, right wrist triangular fibrocartilage complex tear secondary to instability, carpal tunnel syndrome, and lumbar disc disease associated with an industrial injury date of 3/7/2012. Medical records from 2013 were reviewed. Patient complained of pain in the shoulders, right elbow, wrists, and lumbosacral spine, graded 10/10 in severity. The pain was described as stabbing, and dull radiating to bilateral upper extremities, associated with numbness and tingling sensation. Review of systems was unremarkable. Physical examination of the cervical spine showed decreased normal lordosis, tenderness, spasm, and restricted range of motion. Left shoulder range of motion was restricted on all planes. Impingement sign was positive at the left. Weakness was noted at the right wrist with hypersensitivity. Hyperhidrosis was still present at the left wrist; however, this had decreased since the right stellate ganglion block. Reflexes were normal. Treatment plan includes right shoulder arthroscopic debridement. Treatment to date has included physical therapy, right elbow surgery, right shoulder manipulation under anesthesia, and medications. Patient previously received stellate ganglion block resulting to 60% pain relief. She was able to sleep longer and to experience decrease in burning sensation. Utilization review from 11/27/2013 denied request for second right ganglion block because the patient continued to report pain severity of 10/10; and hence, there was no documentation of significant long term and functional benefit from administration of this injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Right Stellate Ganglion Block Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks; Regional sympathetic blocks (stellate ganglion block, tho.

Decision rationale: As stated on pages 103-104 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. Stellate ganglion blocks are recommended only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeat blocks are only recommended if continued improvement is observed. In this case, patient's clinical manifestations are consistent with CRPS. The patient had previous right stellate ganglion block on 10/12/2013 resulting to 60% pain relief. She was able to sleep longer and to experience decrease in burning sensation. Hyperhidrosis was still present at the left wrist; however, this had decreased since the right stellate ganglion block. The most recent evaluation from December 2013 showed that pain severity has increased to 10/10, two months status post ganglion block. Re-injection is a reasonable treatment option at this time given that previous block provided significant symptomatic relief. Therefore, the request for Second Right Stellate Ganglion Block Injection is medically necessary.