

Case Number:	CM14-0001789		
Date Assigned:	01/22/2014	Date of Injury:	06/13/2000
Decision Date:	03/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

This is a female patient who reported an injury on 06/13/2000. The mechanism of injury is not specifically stated. The patient is diagnosed with complex regional pain syndrome (CRPS), thoracic outlet syndrome, and ulnar neuropathy. The patient was recently seen by [REDACTED] on 12/02/2013. The patient reported constant pain. A physical examination revealed mottling of the right hand, allodynia, and coolness to touch. The treatment recommendations included Botox injections to the head and neck every six (6) months for life, as well as a stellate/sympathetic block every six (6) months and an ulnar block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter, CRPS, sympathetic blocks (therapeutic)..

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

Decision rationale: The Chronic Pain Guidelines indicate that stellate ganglion blocks are recommended generally for diagnosis and therapy for complex regional pain syndrome (CRPS).

As per the documentation submitted, the patient does maintain a diagnosis of CRPS. However, the patient has previously undergone at least two (2) stellate ganglion blocks in the past, with only temporary relief. Documentation of objective measurable improvement was not provided. Based on the clinical information received, the request is non-certified.

Ulnar Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, CRPS, sympathetic blocks (therapeutic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: The Chronic Pain Guidelines indicate that sympathetic blocks for complex regional pain syndrome (CRPS) are only recommended for specific indications. They are primarily recommended for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. There is no documentation of this patient's active participation in physical therapy or an exercise program. Additionally, the patient has previously undergone a right ulnar block on 05/21/2013. Documentation of objective measurable improvement was not provided. Based on the clinical information received, the request is non-certified

Botox Injection to head every six (6) months for life: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The MTUS/ACOEM Guidelines indicate that injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. The patient does not maintain a diagnosis of cervical dystonia. There was no physical examination of the cervical spine on the requesting date of 12/03/2013. The medical necessity for the requested service has not been established. Additionally, the request for Botox injections every 6 months for life is excessive in nature. Based on the clinical information received, the request is non-certified.

Botox injection to neck every six (6) months for life: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The MTUS/ACOEM Guidelines indicate that injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. The patient does not maintain a diagnosis of cervical dystonia. There was no physical examination of the cervical spine on the requesting date of 12/03/2013. The medical necessity for the requested service has not been established. Additionally, the request for Botox injections every 6 months for life is excessive in nature. Based on the clinical information received, the request is non-certified.