

Case Number:	CM14-0004195		
Date Assigned:	02/03/2014	Date of Injury:	06/16/2008
Decision Date:	06/20/2014	UR Denial Date:	01/04/2014
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology has a subspecialty in Pain Management 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 has submitted a claim for left arm and foot pain associated with an industrial injury date of June 16, 2008. Treatment to date has included medications, physical therapy, trigger point injection, spinal cord stimulator trial, left wrist surgery, and two stellate ganglion blocks (April 23, 2012; January 25, 2013). Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of throbbing and burning left arm pain, 7/10, and foot pain radiating up her thigh. On physical examination, there was tenderness on the left C5-C7 levels. Moderate trigger points were revealed on the left arm, elbow, forearm, wrist, and fingers. Range of motion of the cervical spine was normal in all planes with mild pain elicited on flexion, extension, and left lateral rotation. Left extremities showed weakness. No sensory deficits were noted. Atrophy of the left arm was also reported. Examination of the thoracic and lumbar spine was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 STELLATE GANGLION BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines (May 2009), Crps, S.

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

Decision rationale: According to page 39 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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, stellate ganglion block was requested for worsening reflex sympathetic dystrophy. The medical records showed that the patient already underwent two stellate ganglion blocks (April 23, 2012; January 25, 2013); however objective evidence of functional benefits was not documented. Moreover, guidelines state that systematic reviews reveal a paucity of published evidence supporting the use of sympathetic blocks for the treatment of CRPS and usefulness remains controversial. No controlled trials have shown any significant benefit from sympathetic blockade. Therefore, the request for 1 Stellate Ganglion Block is not medically necessary and appropriate.

1 PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, medical records showed that the patient was already being evaluated by a pain management specialist once a month since October 2012. There was also no discussion regarding the rationale for this request. Therefore, the request for 1 Pain Management Consultation is not medically necessary and appropriate.