

Case Number:	CM14-0009609		
Date Assigned:	02/14/2014	Date of Injury:	05/24/2011
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 5/24/11. A utilization review determination dated 1/13/14 recommends non-certification of left stellate ganglion blocks with ultrasound times two as the patient had blocks in the past, but there were no results noted of the efficacy of those blocks, and the current blocks were not documented as being used diagnostically versus therapeutically. The 12/18/13 medical report identifies chronic left upper extremity pain secondary to possible complex regional pain syndrome (CRPS) vs. ulnar neuropathy. Pain is in the medial half of the arm 7/10 without medications, 4/10 with medications. The arm is very weak and he is unable to use it, is unable to work, and has difficulty with activities of daily living (ADLs). He reportedly had stellate ganglion blocks in the past at an outside facility, but the provider did not yet have the records at the office. On exam, there was 3/5 strength in deltoid abduction/adduction, elbow flexion/extension, and hand strength. Left hand appears colder, darker, and clammy than the right hand. Sensation is decreased on medial aspect of the left arm to pinprick and cold, including the 4th and 5th fingers. Sensation is decreased to dorsal aspect of the right hand.  

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT STELLATE GANGLION BLOCKS WITH ULTRASOUND TIMES TWO (X 2) PROCEDURES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STELLATE GANGLION BLOCK (SGB), Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

Decision rationale: Regarding the request for outpatient left stellate ganglion blocks with ultrasounds times two procedure, the CA MTUS Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for complex regional pain syndrome (CRPS). The Official Disability Guidelines (ODG) states that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. The documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is documentation of prior blocks, but the response to those blocks including the criteria for success outlined above has not been identified. In the absence of such documentation, the request is not medically necessary.