

Case Number:	CM14-0102036		
Date Assigned:	07/30/2014	Date of Injury:	09/01/1999
Decision Date:	10/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/02/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 57-year-old male, who reported an injury on 09/01/1999. The mechanism of injury is not provided. On 06/13/2014, the injured worker presented with complaints of neck and back pain. Diagnoses were neck injuries, chronic pain, cervical region somatic dysfunction, and unspecified adverse effect of unspecified drug. The therapy included medications. Upon examination, there was 5/5 strength in all extremities and no evidence of ataxia. There was normal sensation to pinprick and light touch in upper and lower extremities. The provider recommended 1 nerve block stellate ganglion injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nerve block stellate ganglion injection: 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 Regional Sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: The request for 1 Nerve block stellate ganglion injection is not medically necessary. The California MTUS state that regional sympathetic block, like ganglion block, is generally limited to diagnosis and therapy for CRPS. There is limited evidence to support the procedure with most studies reported being case studies. Sympathetic flow to the head, neck, and most of the upper extremities is derived from upper 5 to 7 thoracic spinal segments. The stellate ganglion is formed by the fusion of the inferior cervical and the first thoracic sympathetic ganglion in 80% of injured workers. As a proposed indication of treatment for ganglion block would be first the treatment of CRPS, 1 Nerve block stellate ganglion injection would not be indicated. The injured worker does not have a diagnosis congruent with the guideline recommendations. As, medical necessity has not been established.