

Case Number:	CM14-0106455		
Date Assigned:	09/16/2014	Date of Injury:	03/30/2011
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation 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 is a 64-year-old male who has submitted a claim for reflex sympathetic dystrophy associated with an industrial injury date of March 30, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the right arm spreading to the left associated with numbness and weakness of the hand. Examination revealed pain upon palpation of the left upper extremity with allodynia. Treatment to date has included medications, physical therapy, steroid injections into the shoulder, brace, surgery and topical analgesics. Utilization review from June 19, 2014 denied the request for Right Stellate ganglion block because the patient did not meet the criteria for CRPS type 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks, page(s) 39; Regional sympathetic blocks (stellate ganglio. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: International Association for the Study of Pain (IASP)

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. The International Association for the Study of Pain (IASP) lists the diagnostic criteria for complex regional pain syndrome I (CRPS I) (RSDS) as follows: 1) The presence of an initiating noxious event or a cause of immobilization, 2) Continuing pain, allodynia (perception of pain from a nonpainful stimulus), or hyperalgesia (an exaggerated sense of pain) disproportionate to the inciting event, 3) Evidence at some time of edema, changes in skin blood flow, or abnormal sudomotor activity in the area of pain, 4) The diagnosis is excluded by the existence of any condition that would otherwise account for the degree of pain and dysfunction. According to the IASP, CRPS II (causalgia) is diagnosed as follows: 1) The presence of continuing pain, allodynia, or hyperalgesia after a nerve injury, not necessarily limited to the distribution of the injured nerve, 2) Evidence at some time of edema, changes in skin blood flow, or abnormal sudomotor activity in the region of pain, 3) The diagnosis is excluded by the existence of any condition that would otherwise account for the degree of pain and dysfunction. In this case, the patient did not satisfy the criteria for either CRPS I or CRPS II because there was no documented edema, changes in skin blood flow or abnormal sudomotor activity in the region of pain, as stated by the guidelines. There was also no documented exclusion of other conditions that would otherwise account for the degree of pain and dysfunction. Therefore, the request for Right Stellate ganglion block is not medically necessary.