

Case Number:	CM14-0108751		
Date Assigned:	08/15/2014	Date of Injury:	02/27/2009
Decision Date:	09/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine 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 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 patient is a 50 year-old with a date of injury of 02/27/09. A progress report associated with the request for services, dated 03/17/14, identified subjective complaints of left hand and wrist pain. Objective findings included tenderness over the left carpal tunnel and decreased sensation on the hand. Diagnoses included (paraphrased) cervical radiculopathy; left carpal tunnel syndrome; and previous CRPS following right carpal tunnel release. Treatment had included splinting and physical therapy. Plan was for a left carpal tunnel release. The patient had a right carpal tunnel release in 2010 and postoperatively had stiffness, swelling, and discoloration thought to be due to sympathetic over-activity. The request is for a prophylactic nerve block to avoid symptoms postoperatively on the right side. A Utilization Review determination was rendered on 06/18/14 recommending non-certification of "Possible Sympathetic/Stellate Block Left Arm to be Performed Following Surgery".

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Sympathetic/Stellate Block Left Arm to be Performed Following Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympatheic Blocks; CRPS, Sympathetic and Epidural Blocks Page(s): 103-104; 39-40.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that regional sympathetic blocks (stellate ganglion blocks) are limited to the diagnosis and therapy for complex regional pain syndrome (CRPS). There is no recommendation for prophylactic blocks to avoid CRPS. Likewise, no controlled trials have shown any significant benefit from sympathetic blockade. Therefore, the medical record does not document the medical necessity for a postoperative sympathetic/stellate block. The request is not medically necessary.