

Case Number:	CM14-0012163		
Date Assigned:	02/21/2014	Date of Injury:	05/17/2007
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery, 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 injured worker is a 51-year-old male who carries a diagnosis of reflex sympathetic dystrophy (worsening) related to an injury dated May 17, 2007. Ten upper extremity injections with ultrasound guidance were pursued. A stellate ganglion block was performed associated with ten separate trigger point injections was performed and multiple similar injection procedures were completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MONITORED ANESTHESIA CARE (ANESTH SKIN EXT/PER/ATRUNK): 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 Chronic Pain Medical Treatment Guidelines Page(s): 127.

Decision rationale: This is an individual who underwent multiple stellate ganglion blocks and an office-based procedure that does not require monitored anesthesia. Furthermore, numerous reported injections were completed during the course of these blocks. There is no data presented to suggest an anesthesia be performed to complete such injections. Therefore, based on records

presented for review, there is no clinical indication for this procedure under the Chronic Pain Medical Treatment Guidelines. The retrospective request for monitored anesthesia care, provided on November 15, November 22, and December 3, 2013, is not medically necessary or appropriate.