

Case Number:	CM14-0014799		
Date Assigned:	02/28/2014	Date of Injury:	02/10/2010
Decision Date:	10/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 62 year old female employee with date of injury of 2/10/2014. A review of the medical records indicate that the patient is undergoing treatment for hand pain; bilateral carpal tunnel syndrome; status post operative on the right X2, calcific tendonitis in the right shoulder (6/26/2013) Subjective complaints include hand pain, including numbness, tingling, weakness and persistent stiffness and burning. Objective findings include decreased range of motion in shoulders, elbows, and wrists. Treatment has included the following medications: Lyrica 75mg 2/day, Benazepril HCl 10mg 2/day, Citrucel 2gm/1Tbsp solution 2/day, Omeprazole 10mg 1/day, Tylenol PM 500mg 1day, Prilosec, Gaviscon, Citrucel, Colace, Simethicone, Probiotics, Preparation H cream, Sentra AM and PM, and Albuterol. Carpal tunnel release was performed on 9/9/2010. Home exercise program recommended. The utilization review dated 1/21/2014 non-certified the request for right stellate ganglion block.

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 INTRAVENOUS REGIONAL SYMPATHETIC BLOCKS Page(s): 55. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks, Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, CRPS, sympathetic blocks (therapeutic)

Decision rationale: There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects. Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/embolic occlusion; Post-reimplantation; Postembolic vasospasm; Raynaud's disease; Vasculitis; Scleroderma." ODG States "Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests):(1) There should be evidence that all other diagnoses have been ruled out before consideration of use. (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001). (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation.(5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. (6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. (7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. (8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment. (9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature). (Burton, 2006) (Stanton-Hicks, 2004) (Stanton-Hicks, 2006) (International Research Foundation for RSD/CRPS, 2003) (Colorado, 2006) (Washington, 2002) (Rho, 2002) (Perez, 2010) (van Eijs, 2011). The treating physician documents numbness of the entire hand, tingling in the entire hand, weakness of the entire hand, and persistent stiffness and electrical burning. The treating physician did not document evidence of hyperesthesia, temperature asymmetry or skin color changes or asymmetry, edema or sweating changes or sweating asymmetry, or trophic changes to the hair, nail, or skin. Based on the reported clinical findings, the patient does not meet the guideline criteria for consideration for stellate ganglion block. As such, the request for Right Stellate Ganglion Block is not medically necessary.