

Case Number:	CM14-0015565		
Date Assigned:	02/28/2014	Date of Injury:	10/20/2009
Decision Date:	10/27/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational Medicine 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:

There were 55 pages provided for this review. The application for independent medical review was signed on February 6, 2014. Per the records provided, the patient is status post anterior cervical interbody fusion. This is in regards to the denial of a CT scan of the cervical spine and the denial of a second left stellate ganglion block injection. It is noted on June 13, 2013 that the patient already had a CT of the cervical spine. The impression was status post cervical fusion from C4-C7. There was no pseudoarthrosis. There was no significant stenosis. The assessment was mild degenerative disc disease. As of July 30, 2013, the claimant saw the doctor for neck pain. She had physical therapy, which helped. She had chiropractic which also helped. On exam, there was tenderness and spasm in the trapezius muscles bilaterally. She had a right stellate ganglion block on September 27, 2013 which reportedly reduced her pain by 50%. The duration of relief is not noted. Functional objective improvement is not noted. As of January 21, 2014, she saw [REDACTED] again for neck pain. The pain radiates across the bilateral shoulders with some numbness of the right hand and fingers. On exam there are bilateral trapezius spasms and tenderness. A prior block on November 22, 2013 reportedly decreased pain to the left upper extremity by just 5%. The documentation again does not confirm that the patient had an adequate block or that there was functional improvement with this block.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Neck section, under CT Scan.

Decision rationale: The MTUS is silent. The ODG cite the following regarding CT imaging of the cervical spine: - Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet- Suspected cervical spine trauma, unconscious- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit- Known cervical spine trauma: equivocal or positive plain films with neurological deficit There was no documentation of unconscious or altered sensorium, and normal films in context of whether or not there is neurologic deficits. The request is not medically necessary and appropriate.

SECOND LEFT STELLATE GANGLION BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 104.

Decision rationale: Per the MTUS, regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) recommendations are generally limited to diagnosis and therapy for Complex Regional Pain Syndrome (CRPS). In regards to stellate ganglionic block, 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. Given the lack of evidentiary support for safety and efficacy, the request is not medically necessary and appropriate.