

Case Number:	CM14-0112432		
Date Assigned:	09/22/2014	Date of Injury:	01/28/2010
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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 Pain Management 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 46 year old female who suffered a work related injury of the right wrist and hand on 1/28/10. She underwent the removal of two ganglion cysts as well as a carpal tunnel release in September of 2010. She was seen by her treating physician on 6/2/14 for follow-up care regarding her right upper limb weakness, burning and tingling pain. The pain is associated with temperature changes. She is right handed and has difficulty performing her activities of daily living. She has been using Dilaudid for control of her pain and has received conservative care including physical therapy. She has also been evaluated by a hand specialist and undergone electrodiagnostic testing and diagnostic imaging with magnetic resonance imaging. The injured worker has tried Neurontin and Elavil for pain control as well as Cymbalta, which have been ineffective. Her physical examination showed symmetrical reflexes, decreased motor strength in the right distal extremity as well as increased sensitivity of the right arm and hand. There are also associated skin and nail changes of the right hand. She has pain with passive range of motion of the wrist and hand. The assessment included carpal tunnel syndrome, elbow pain and reflex sympathetic dystrophy of the upper limb. The plan included to continue physical therapy, medications and a stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ Ganglion Blocks #3 for Right Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sym.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks); sympathetic blocks (stella.

Decision rationale: While this injured worker has a diagnosis of complex regional pain syndrome that has appeared to result after her initial hand/wrist injury and surgery, the Medical Treatment Utilization guidelines do not recommend the use of regional sympathetic blocks, except when other treatments are contraindicated. This is based on the lack of robust medical literature supporting its use. The injured worker has not responded to medications for neuropathic pain and is currently using opioid medications for pain control. She continues to attend physical therapy. While sympathetic blocks have a limited role, primarily for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, the necessity of 3 blocks is not provided. Therefore, the requested [REDACTED] Ganglion Blocks #3 for Right Hand/Wrist are not medically necessary and appropriate.