

Case Number:	CM14-0114256		
Date Assigned:	08/04/2014	Date of Injury:	02/20/2009
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/22/2014

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 45-year-old female who was reportedly injured on February 20, 2009. The mechanism of injury was noted as a trip and fall in an elevator. The most recent progress note dated June 18, 2014, indicated that there were ongoing complaints of neck pain radiating to the bilateral shoulders. The physical examination demonstrated tenderness over the trapezius, scalenes, and sternocleidomastoid muscles. Muscle spasms were noted. There were hypersensitivity, allodynia, weakness and temperature changes to the bilateral upper extremities on the right greater than left side. There was also tenderness over the bilateral acromioclavicular joints and decreased grip strength on the right side. Diagnostic imaging studies of the right shoulder revealed tendinosis of the supraspinatus tendon without a rotator cuff tear identified. There was also arthropathy of the acromioclavicular joint. Previous treatment included bilateral shoulder surgery. A request was made for a right stellate ganglion block x 2 and was not certified in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate ganglion block injections x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, integrated treatment/disability duration guidelines, pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, Sympathetic Blocks, Updated July 10, 2013.

Decision rationale: According to the Official Disability Guidelines (ODG), sympathetic blocks for complex regional pain syndrome can be considered if there is evidence that all other diagnoses have been ruled out. However, it is unclear why there is a request for two right-sided stellate ganglion block injections. According to the Guidelines, repeat blocks should only be undertaken if there is evidence of increased range of motion, decreased pain, and decreased medication usage from a prior injection. Considering this, the request for a right side stellate ganglion block injection x 2 is not medically necessary.