

Case Number:	CM14-0118068		
Date Assigned:	08/06/2014	Date of Injury:	04/20/2012
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 claimant is a 48-year-old female who was injured on 04/20/12. Mechanism of injury was not documented. The is current clinical records including a 07/11/14 progress report indicating the claimant is with continued complaints of right arm pain described as sharp in nature with physical examination showing cervical tenderness to palpation, paravertebral muscle spasm and spasm at the right trapezius. It states pain is exacerbated with shoulder motion. There is noted to be hypoesthesias and dyesthesias to the right elbow. It states the claimant is with evidence of a radial head fracture with underlying neuropathic pain from "radial nerve irritation." There is a diagnosis of "possible chronic regional pain syndrome to the right upper extremity." Based on failed conservative care, there is a request for a stellate ganglion block with fluoroscopic guidance to the right arm. There is documentation of a right shoulder MRI scan of 05/25/14 that shows a signal change to the superior glenoid labrum indicative of a tear. There is also recent electrodiagnostic studies to the right upper extremity from 06/30/14 that were noted to be normal. As stated, a stellate ganglion block was recommended for this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block with fluoroscopy and general anesthesia right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3227310/> Procedural Sedation: a review of

sedative agents, monitoring, and management of complications. Joseph D.Tobias and Marc Leder. October -December 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -- MTUS Chronic Pain Page(s): 103, 104.

Decision rationale: Based on California MTUS chronic pain guidelines, the role of the blockade would not be supported. Guidelines in regards to sympathetic blockades, i.e. stellate ganglion blocks, indicate that they are "with limited clinical evidence to support the procedure." While it indicates the block can be utilized for the face, head, or upper extremities for pain related to chronic regional pain syndrome, there is currently no evidence of a working diagnosis of chronic regional pain syndrome or electrodiagnostic evidence of findings that would necessitate the need for a blockade. Specific request for a stellate blockade given the claimant's clinical presentation including negative electrodiagnostic studies and testing would not be supported.