

Case Number:	CM14-0135916		
Date Assigned:	09/03/2014	Date of Injury:	05/04/2013
Decision Date:	10/08/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 05/04/2013 after being grabbed by a patient. The injured worker reportedly sustained an injury to her cervical spine and left upper extremity. The injured worker's treatment history included aggressive physical therapy, a TENS unit, and multiple medications. The injured worker ultimately developed complex regional pain syndrome. The injured worker was evaluated on 08/12/2014. Objective findings included moderate stiffness of the left shoulder with reduced range of motion secondary to pain, moderate stiffness of the left ring and small fingers with slight swelling and skin atrophy of the small finger. The injured worker's treatment plan included continued medications, continued occupational therapy, and a series of stellate ganglion blocks. The Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient stellate block time three (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: CRPS, Sympathetic and E.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39.

Decision rationale: The requested Outpatient Stellate Block time three (3) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends stellate ganglion blocks for injured workers with diagnoses consistent with complex regional pain syndrome. The clinical documentation submitted for review does not adequately address the symptoms consistent with complex regional pain syndrome. Additionally, California Medical Treatment Utilization Schedule recommends repeat blocks in a series be based on documented functional improvement. Therefore, a series of 3 injections would not be indicated in this clinical situation. Furthermore, the request as it is submitted does not clearly identify an applicable body part. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested outpatient stellate block time three (3) is not medically necessary or appropriate.