

Case Number:	CM14-0138016		
Date Assigned:	09/05/2014	Date of Injury:	02/07/2000
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on February 7, 2000. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of right hand pain and stiffness. The injured employee states that his right hand gets red, warm, smooth, swollen, and stiffness. The physical examination demonstrated guarding with the right hand. The right hand was noted to be a deeper red/purple color in comparison to the left and was sensitive to touch. Cervical spine motion was decreased and there was tenderness and trigger points over the paravertebral muscles and trapezius muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes stellate ganglion blocks. A request had been made for stellate ganglion blocks x 3 and was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES-TWC

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 October 2, 2014.

Decision rationale: According to the Official Disability Guidelines, stellate ganglion blocks are only recommended in the therapeutic phase if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. The progress note dated July 7, 2014, states that prior stellate ganglion blocks decreased pain and improved function, however it is not specifically stated that there was decreased medication usage, increased range of motion, increased tolerance of activity and touch in the ability to participate in physical therapy/occupational therapy. As such, this request for a repeat Stellate Ganglion Blocks x 3 are not medically necessary.