

Case Number:	CM14-0139046		
Date Assigned:	09/05/2014	Date of Injury:	02/09/2013
Decision Date:	10/22/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 patient is a 59 year old female with a reported date of injury on 2/9/13 who requested stellate ganglion block injections x 3 for the left wrist and hand on 7/28/14. She is noted to have undergone left carpal tunnel release and left elbow in-situ ulnar nerve release on 5/23/14. Documentation from 7/15/14 notes that the patient reports that her hands are worse. She complains of buzzing and tingling of both hands that are worse at night. There has been one physical therapy appointment. She has noted some coolness of the hand following ultrasound treatment. Vicoprofen helps her symptoms. Examination of the left side notes increased buzzing of the finger tips with palpation. Left carpal tunnel release incision and left elbow cubital tunnel incision are not tender. Assessment is the patient has persistent-paresthesia type sensation in the left hand following her previous surgical releases in the setting of complex regional pain syndrome-type symptoms. Recommendation is made for referral to pain management specialist, as she had requested refill of the Vicoprofen and should be considered for chronic pain treatment. Physical therapy should not be continued as it had made her symptoms worse and that she should not do strengthening exercises at this time. Documentation from Neurology and Electromyography Occupational and Environmental Medicine dated 4/4/14 notes previous left upper extremity injury with open reduction and internal fixation of a left radius fracture. She continued to have left arm pain. She had undergone 2 previous stellate ganglion blocks which have not made any significant improvement. She has been on Lyrica and Gabapentin. Electrodiagnostic studies were repeated noting suspicion of a 'cervical 6 radiculopathy on the left however as I found polyphasic waves muscles in the left medial forearm. These were not reproducible.' She had had a previous MRI of the neck which she told was 'normal'. Plan was for left carpal tunnel injection and 'because of her history of psychological challenges that cognitive behavioral therapy would be appropriate as well.' Electrodiagnostic studies from

2/12/14 note mild to moderate left carpal tunnel syndrome without active muscle denervation, mild left cubital tunnel syndrome and no evidence of left cervical radiculopathy. Utilization review dated 8/16/14 did not certify the procedures as the patient did not meet criteria for CRPS and that the AP did not request this.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block Injections x 3 for the left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108.

Decision rationale: The patient is a 59 year old female with a history of chronic pain of the left upper extremity who had undergone left carpal tunnel release and left cubital tunnel release on 5/23/14. On her most recent evaluation from 7/15/14 provided in this review, she is noted to continue to require Vicoprofen for control of her symptoms. A recommendation to be re-evaluated for chronic pain was made. No specific justification for a stellate ganglion block was made. The patient is noted to have had a previous stellate ganglion block without improvement as documented on earlier evaluations. In addition, the utilization reviewer documents that on speaking with the AP, he did not request a block as well. The patient has not been adequately documented with CRPS on recent evaluations, only that she CRPS-like symptoms. There is no justification provided for additional stellate ganglion blocks and thus, is not be medically necessary.