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| Case Number: | CM14-0144866 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/22/2012 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 36-year-old female who reported an injury on 05/22/2012 due to lifting a 5 gallon can, but was unable to lift it due to the pain in her left wrist and hand. Diagnoses were left carpal tunnel syndrome, left De Quervain's, and cervical spine stiffness. Past treatments were physical therapy, spica wrist brace, acupuncture, cortisone injections, and muscle stimulator. Diagnostic studies were x-ray of the wrist, MRI of the left wrist on 01/23/2013 that was negative, nerve conduction velocity of the upper bilateral extremities was normal. MRI of the cervical spine revealed 1.5 mm central posterior disc protrusion at the C4-5 level indenting the anterior aspect of the thecal sac. There was mild narrowing of the right neural foramen. There was also mild narrowing of the left neural foramen at the C6-7 level. Physical examination on 03/17/2014 revealed complaints of left radial sided pain. The injured worker complained of the pain in the left side of the neck to the left hand. Medications were gabapentin, hydrocodone, and Omeprazole. Examination of the cervical spine revealed very limited range of motion with rotation to the left, limited flexion, and limitations in all ranges of motion, particularly to the left side. There was a positive Finkelstein's test of the left wrist. Examination of left hand revealed full range of motion of all fingers in the left hand. There was no instability noted, no triggering, and no subluxing tendon. Tinel's, Phalen's, and Durkan's test were positive. There was no evidence of weakness or atrophy over the thenar or hypothenar eminences. There was no weakness of the dorsal interosseous muscle. It was reported that the injured worker appeared to have left carpal tunnel syndrome on examination. Treatment plan was to repeat the nerve conduction study. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion injection of the left upper extremity for CRPS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The decision for a Left Stellate Ganglion Injection of the Left Upper Extremity for CRPS is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The medical guidelines recommend for repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker had a previous epidural steroid injection with no reported improvement documented. It was not documented that the injured worker had a 50% pain relief for up to 6 to 8 weeks. The clinical information submitted for review does not provide evidence to justify a Left Stellate Ganglion Injection of the Left Upper Extremity for CRPS. Therefore, this request is not medically necessary.