

Case Number:	CM14-0150008		
Date Assigned:	09/18/2014	Date of Injury:	12/30/2010
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 57 year old female with a date of injury on 12/30/2010. The patient is status post trigger finger release and surgical removal of the pisiform bone. Diagnoses include chronic pain, and right upper extremity complex regional pain syndrome. Subjective complaints are of right hand pain, rated at 4/10. Physical exam showed full range of motion in both wrists, and a negative Tinel's and Phalen's. There was tenderness over the right wrist. Right wrist MRI from 2/07/2011 showed a non-displaced fracture of the pisiform, fracture deformity of the triquetrum, and edema of the dorsal radioulnar ligament. Records indicate a prior stellate ganglion block, which provided pain relief for 2-3 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block #3 for right wrist/hand: Overturned

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

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

Decision rationale: CA MTUS guidelines state that sympathetic blocks are indicated primarily for diagnosis of sympathetically mediated pain, and are generally limited to diagnosis and

therapy for complex regional pain syndrome (CRPS). CA MTUS suggests that a stellate ganglion block is proposed for diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Supported diagnosis may include CRPS, post-herpetic neuralgia, frostbite, or circulatory insufficiency. For this patient, there is a diagnosis of chronic post-operative hand pain consistent with CRPS. Furthermore, records indicate that the patient underwent a prior stellate ganglion block that was effective in eliminating pain. Therefore, the request for Stellate Ganglion Block #3 for right wrist/hand is medically necessary and appropriate as being consistent with guideline recommendations.